

5-Year Strategic Plan Process Documentation

FY 2017-2018 through FY 2021-2022

Agency Listing

09-300	Jefferson Parish Human Services Authority
09-301	Florida Parishes Human Services Authority
09-302	Capital Area Human Services District
09-303	Developmental Disabilities Council
09-304	Metropolitan Human Services District
09-305	Bureau of Health Services Financing (Medical Vendor Administration)
09-306	Bureau of Health Services Financing (Medical Vendor Payments)
09-307	Office of the Secretary
09-309	South Central Louisiana Human Services Authority
09-310	Northeast Delta Human Services Authority
09-320	Office of Aging & Adult Services
09-324	Louisiana Emergency Response Network Board (LERN)
09-325	Acadiana Area Human Services District
09-326	Office of Public Health
09-330	Office of Behavioral Health
09-340	Office for Citizens with Developmental Disabilities
09-375	Imperial Calcasieu Human Services Authority
09-376	Central Louisiana Human Services District
09-377	Northwest Louisiana Human Services District

Jefferson Parish Human Services Authority

Jefferson Parish Human Services Authority has one program: Jefferson Parish Human Services Authority.

Statutory Authority for Goals:

Program Authorization: R.S. 28:771 (c), R.S. 28:831, R.S. 36:254 (e), R.S. 36:258 (f), R.S. 28:912, and related statutes.

Principle Service Recipients

Individuals and families in Jefferson Parish affected by mental illness, addictive disorders, and/or developmental disabilities, who meet basic criteria for admission for services:

First Priority: Persons and families in crisis related to mental illness, addictive disorders and/or developmental disabilities shall have their crisis resolved and a safe environment restored.

Second Priority: Persons with serious and disabling mental illness, addictive disorders and/or developmental disabilities shall make use of natural supports, health care, community resources, and participate in the community.

Third Priority: Persons not yet identified with specific serious or moderate mental illness, addictive disorders, developmental disabilities and/or health needs but, who are at significant risk of such disorders due to the presence of empirically established risk factors or the absence of the empirically established protective factors do not develop the problems for which they are at risk.

Fourth Priority: Persons with mild to moderate needs related to mental illness, addictive disorders and/or developmental disabilities shall make use of natural supports, health care, community resources, and participate in the community.

External Factors that May Affect the Achievement of Goals and Objectives

Jefferson Parish Human Services Authority (JPHSA) identified primary external factors that pose threats or barriers and, in some cases, opportunities for meeting Mission and achieving Vision over the span of the FY18 – FY22 Strategic Plan. A work group comprised of staff from all activities and job functions conducted a comprehensive external environmental scan during the second quarter of FY16. With regard to threats and barriers, JPHSA has strategies in place within this Strategic Plan and is implementing appropriate tactics to mitigate any potential for negative impact.

External factors with potential negative impact include:

- Significant and ongoing state budget deficits resulting in damaging reductions to JPHSA's State General Fund allocation;
- Increased competition for qualified workforce; and,

- Continued need to build the relationship between the Local Governing Entities and state department senior leadership and middle management.

Strategies to mitigate threats and/or barriers include: diversification of funding streams; restructure of payor mix; expansion of integrated services; ongoing performance and quality improvement initiatives; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation.

Overall responsibility for implementation and monitoring of these strategies rests with the JPHSA Executive Director along with full and ad hoc members of JPHSA's Executive Management Team.

External factors may also present opportunities with the potential for positive impact:

- Medicaid expansion;
- Increased demand for substance abuse and trauma-specific treatment;
- Increase in the number of lives covered by commercial insurance; and,
- Growth of the 65+ population and expanded need for geriatric services.

Internal Factors that May Affect the Achievement of Goals and Objectives

Jefferson Parish Human Services Authority (JPHSA) identified primary internal factors that pose threats or barriers and, in some cases, opportunities for meeting Mission and achieving Vision over the span of the FY18 – FY22 Strategic Plan. A work group comprised of staff from all activities and job functions conducted a comprehensive internal environmental scan during the second quarter of FY16. With regard to threats and barriers, JPHSA has strategies in place within this Strategic Plan and is implementing appropriate tactics to mitigate any potential for negative impact.

Internal factors with potential negative impact include:

- Funding Source Mix skewed to State General Fund; and,
- Payor Mix skewed to uninsured population.

Strategies to mitigate threats and/or barriers include: diversification of funding streams and restructure of payor mix

Internal factors may also present opportunities with the potential for positive impact:

- Integrated care for special populations, i.e. Serious Mentally Illness (SMI), Addictive Disorders (AD), and Intellectual and Developmental Disabilities (IDD);
- More diverse funding sources than competitors; and,
- Enhanced Medicaid rates for JeffCare services.

Overall responsibility for leading, directing and monitoring Authority operations and activities on a daily basis rests with the Executive Director and the members of the Executive Management Team. However, input and suggestions for enhancement or improvement are actively encouraged from all levels of staff whether on an informal basis, via employee surveys, suggestion boxes, from the employee committee (Esprit de Corps), or during supervision/coaching.

Program Evaluations Used to Develop Goals, Objectives, and Strategies

JPHSA's strategic planning process is guided by the Mission and Priorities as set forth by the Board of Directors and by Vision and Philosophy as set forth by its Executive Management Team.

Evaluation of goals and objectives along with the strategies and tactics adopted to achieve them is ongoing and rooted in data-driven decision-making. Further, JPHSA's Performance & Quality Improvement Plan sets both the tone and expectations for continuous self-examination involving all levels of staff.

JPHSA actively solicits input and feedback from community leaders, stakeholders, referral sources, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: satisfaction surveys; guided discussions; public forums; needs assessment via governmental and stakeholder relations; and, external evaluation by grantors and the Legislative Auditor. Additionally, JPHSA monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using Council on Accreditation standards and expectations using its Centralized Care Coordination Program tracking and feedback mechanisms. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort

Roles and responsibilities are defined by legislation, i.e. RS 28:831. The Board of Directors of Jefferson Parish Human Services Authority sets Mission and Priorities. The Executive Director and under her direction, other members of the Executive Management Team, are accountable for carrying out Board Priorities through integrated strategic, operational, budget, and service planning. Additionally, these individuals are accountable for ongoing collaboration with community stakeholders to assure coordination of service delivery and conservation of resources. JPHSA also participates in monthly Human Services Interagency Council meetings with representatives from the nine other Local Governing Entities and from the State Offices.

Maintenance of Agency Performance-Based Budgeting Records

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Number of adults who receive primary care services.

LaPAS PI Code: 25521

1. **Type and Level:** Output/Key
2. **Rationale:** The indicator supports demand for and utilization of primary care services. Per Healthy People 2020: "Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life."
3. **Use:** The data is used to determine current capacity for primary care services as well as to assist in determining future staffing needs to increase capacity.
4. **Clarity:** None
5. **Accuracy, Maintenance Support:** Data is monitored by the Program Director and designee, and by the Management Services Division.
6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.
7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adults who receive a face-to-face primary care service during the reporting period.
8. **Scope:** Only adults who receive at least one face-to-face primary care service from a primary care provider.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Number of children and adolescents who receive primary care services.

LaPAS PI Code: 25526

1. **Type and Level:** Output/Key
2. **Rationale:** The indicator supports demand for and utilization of primary care services. Per Healthy People 2020: "Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life."
3. **Use:** The data is used to determine current capacity for primary care services as well as assist in determining future staffing needs to increase capacity.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division.
6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.
7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of children and adolescents who receive a face-to-face primary care service during the reporting period.
8. **Scope:** Only children and adolescents who receive at least one face-to-face primary care service from a primary care provider.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Number of adults who receive behavioral health services.

LaPAS PI Code: 25522

1. **Type and Level:** Output/Key
2. **Rationale:** The indicator supports demand for and utilization of behavioral health services.
3. **Use:** The data is used to determine current capacity for behavioral health services as well as to assist in determining future staffing needs to increase capacity.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division.
6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.
7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adults who receive a face-to-face behavioral health service from a licensed behavioral health provider during the reporting period.
8. **Scope:** Only adults who receive at least one face-to-face behavioral health service from a licensed behavioral health provider.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Number of children and adolescents who receive behavioral health services.

LaPAS PI Code: 25527

1. **Type and Level:** Output/Key
2. **Rationale:** The indicator supports demand for and utilization of behavioral health services.
3. **Use:** The data is used to determine current capacity for behavioral health services as well as to assist in determining future staffing needs to increase capacity.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division.
6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.
7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of children and adolescents who receive a face-to-face behavioral health service from a licensed behavioral health provider during the reporting period.
8. **Scope:** Only children and adolescents who receive at least one face-to-face behavioral health service from a licensed behavioral health provider.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Number of individuals assisted with submission of applications through the Health Insurance Marketplace or the Louisiana Medicaid portals.

LAPAS PI CODE: New

1. **Type and Level:** Output/Key
2. **Rationale:** The indicator supports efforts to educate and enroll individuals in a health insurance plan. Per Healthy People 2020: "Health insurance coverage helps patients get into the health care system. Uninsured people are less likely to receive medical care; more likely to die early; and, more likely to have poor health status."
3. **Use:** The data is used to determine current payor mix to support budget projections and ensure sufficient resources to provide ongoing care.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division.
6. **Data Source, Collection and Reporting:** Data is extracted from the logs maintained by application assistance staff.
7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adults, children, and adolescents who submit an application for Medicaid through the Louisiana Medicaid portal or for private insurance through the Health Insurance Marketplace portal during the reporting period.
8. **Scope:** Only individuals who meet with a Certified Application Specialist or a Medicaid Application Specialist to submit an application are included.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Number of individuals who have documented contact with a care coordinator.

LAPAS PI CODE: New

1. **Type and Level:** Output/Key
2. **Rationale:** The indicator supports demand for and utilization of care coordination services. Research supports that “many patients often see multiple physicians and care providers a year, which can lead to more harm, disease burden, and overuse of services than if care were coordinated.” National Quality Forum (NQF), Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination: A Consensus Report, Washington, DC: NQF; 2010.
3. **Use:** The data is used to determine current capacity for care coordination services as well as assist in determining future staffing needs to increase capacity.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division.
6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.
7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adults, children, and adolescents who have a face-to-face or phone contact with a care coordinator during the reporting period.
8. **Scope:** Only adults, adolescents, or children who have at least one face-to-face or phone contact with a care coordinator.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Percent of individuals who report improvement in or maintenance of depressive symptoms.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** “Depressive disorders often start at a young age; they reduce people’s functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability.” Depression: A Global Public Health Concern. Developed by Marina Marcus, M. Taghi Yasamy, Mark van Ommeren, and Dan Chisholm, Shekhar Saxena, World Health Organization, Department of Mental Health and Substance Abuse. (2012).
3. **Use:** The indicator is used to gauge the effectiveness of treatment of depression, the most prevalent diagnosis of persons served by JeffCare.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measurement System (TOMS) is an evidenced-based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.
6. **Data Source, Collection and Reporting:** Data is extracted from the depression domain of the TOMS for new clients (adults, adolescents, and children) and reported in the quarterly Report Card.
7. **Calculation Methodology:** Numerator = total number of new persons (as defined in TOMS) surveyed who rate “doing well” at 3, 6 or 12 months post initial assessment on the TOMS depression domain. Denominator = total number of new persons surveyed with available data on the depression domain.
8. **Scope:** Only adults, adolescents, and children who complete the TOMS at initial assessment and at 3, 6, or 12 months post initial assessment are included in the aggregate count.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Percent of adults who report improvement in or maintenance of recovery behaviors of goal setting, knowledge of symptom control, and responsibility for recovery.

LaPAS PI Code: 25525

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** This indicator provides a valid measurement of recovery behaviors. Recovery is promoted as the “single most important goal” for the mental health service delivery system and includes 10 fundamental components, three of which are empowerment, self-direction and responsibility. (National Consensus Statement on Mental Health Recovery, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services at www.samhsa.gov)
3. **Use:** The indicator is used to gauge the progress of adults towards achieving and maintaining Recovery as well as the effectiveness of clinical staff in promoting recovery.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measurement System (TOMS) is an evidenced-based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.
6. **Data Source, Collection and Reporting:** Data is extracted from the recovery domain of the TOMS for existing clients and reported in the quarterly report card.
7. **Calculation Methodology:** Numerator = total number of new persons (as defined by TOMS) surveyed who rate a “doing well” at 3, 6 or 12 months post initial assessment on the TOMS recovery domain. Denominator = total number of persons surveyed with available data on the recovery domain.
8. **Scope:** Only adults who complete the TOMS at initial assessment and at 3, 6, or 12 months post initial assessment are included in the aggregate count.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: JeffCare

OBJECTIVE: Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

INDICATOR NAME: Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms.

LaPAS PI Code: 25529

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator measures treatment outcomes for children and adolescents reporting attention deficit symptoms.
3. **Use:** The indicator is used to gauge the effectiveness of treatment of attention deficit disorder.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measurement System (TOMS) is an evidenced-based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.
6. **Data Source, Collection and Reporting:** Data is extracted from the attention deficit domain of the TOMS for existing clients and reported in the quarterly Report Card.
7. **Calculation Methodology:** Numerator = total number of new persons (as defined by TOMS) surveyed who rate a "doing well" at 3, 6 or 12 months post initial assessment on the TOMS attention deficit domain. Denominator = total number of persons surveyed with available data on the attention deficit domain.
8. **Scope:** Only children and adolescents who complete the TOMS at initial assessment and at 3, 6, or 12 months post initial assessment are included in the aggregate count.
9. **Caveats:** None
10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, CEO, JeffCare, a program of JPHSA. Telephone: 504-838-5306. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of adults receiving community-based services who remain in the community without a hospitalization.

LaPAS PI Code: 25519

1. **Type and Level:** Outcome/ Supportive
2. **Rationale:** Research shows that community-based services, such as Supportive Housing and Assertive Community Treatment, reduce psychiatric hospitalizations.
3. **Use:** This indicator is used to measure the efficacy of services delivered by providers.
4. **Clarity:** Community tenure is defined as the absence of psychiatric hospitalizations.
5. **Accuracy, Maintenance, Support:** The Director of Adult Services for the Behavioral Health Community-based & Specialty Services Division monitors data on a quarterly basis.
6. **Data Source, Collection, and Reporting:** Data is compiled through review of monthly and quarterly reports of programs providing adult community-based services through contractual agreements.
7. **Calculating Methodology:** Numerator = total number of adults who remain in the community without a hospitalization. Denominator = the total number of adults served through Behavioral Health Community-based & Specialty Services contractual agreements.
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving supports through programs affiliated with Behavioral Health Community-based & Specialty Services through contractual agreements.
9. **Caveats:** There are instances in which individuals are referred to start services when currently hospitalized. These individuals are excluded from the calculation.
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of adults receiving community-based services who remain in stable housing.

LaPAS PI Code: 25520

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Adults with severe behavioral health issues are more likely to experience homelessness. Community-based services, including Supportive Housing and Assertive Community Treatment, increase housing stability in this population.
3. **Use:** This indicator is used to measure the efficacy of services delivered by providers.
4. **Clarity:** Housing stability is defined as the absence of episodes of homelessness.
5. **Accuracy, Maintenance, Support:** The Director of Adult Services for the Behavioral Health Community-based & Specialty Services Division monitors data on a quarterly basis.
6. **Data Source, Collection, and Reporting:** Data is compiled through review of monthly and quarterly reports of programs providing adult community-based services through contractual agreements.
7. **Calculation Methodology:** Numerator = total number of adults stably housed. Denominator = total number of adults served through Behavioral Health Community-based & Specialty Services.
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving supports through programs affiliated with Behavioral Health Community-based & Specialty Services contractual agreements.
9. **Caveats:** There are instances when individuals are referred to Behavioral Health Community-based & Specialty Services while either hospitalized or homeless. These individuals are excluded from the calculation.
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of individuals completing Multi-Systemic Therapy (MST) living in the home.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator measures treatment effectiveness.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Multi-Systemic Therapy Institute (MSTI) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists, supervisors, and consultants each time an individual is discharged from the program. The data is entered into the discharge summary form in the MSTI database, which auto-calculates outcomes for all youth discharged during the prescribed reporting timeframe. The database is maintained by the MSTI data analysts and verified by JPHSA Multi-Systemic Therapy services.
7. **Calculation Methodology:** The MSTI web-based system auto-calculates the statistic.
8. **Scope:** Individuals discharged from Multi-Systemic Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of individuals completing Functional Family Therapy (FFT) living in the home.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator measures treatment effectiveness.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The FFT Client Services System (CSS) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists each time an individual is discharged from the program. The data is entered into the termination summary form in the CSS database, which auto-calculates outcomes for all individuals discharged during the prescribed reporting timeframe. The database is maintained by FFT Inc. data analysts and verified by JPHSA Functional Family Therapy services.
7. **Calculation Methodology:** The FFT CSS web-based system auto-calculates the statistic.
8. **Scope:** Individuals discharged from Functional Family Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of youth showing a decrease in positive attitude and an increase perception of harm toward substance use/abuse.

LaPAS PI Code: New

1. **Type and Level:** Outcome/General
2. **Rationale:** The indicator measures effectiveness of the program.
3. **Use:** Data is used to determine effectiveness of prevention educational services provided in Jefferson Parish schools.
4. **Clarity:** Life Skills Training, Too Good For Drugs, and Kids Don't Gamble, Wanna Bet? programs are offered in the school setting and are used to educate about the dangers of substance use/abuse and to provide skills.
5. **Accuracy, Maintenance, Support:** Pre- and post-tests are administered at the beginning and end of the curriculum. An external evaluator scores, compiles and validates the data.
6. **Data Source, Collection and Reporting:** Data is obtained from the pre- and post-tests scored by an external evaluator.
7. **Calculation Methodology:** The external evaluator calculates the statistic.
8. **Scope:** This is an aggregated statistic extracted from the total number of children receiving Prevention educational classes in the schools through programs affiliated with Behavioral Health Community-based & Specialty Services either directly or through contractual agreement.
9. **Caveats:** Data is only included for individuals completing the entire program.
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of payer denials for Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Community Psychiatric Supportive Treatment (CPST) services.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key
2. **Rationale:** The indicator assists with tracking consistency of available resources for support of FFT, MST, and CPST services.
3. **Use:** Data is used to educate therapists about appropriate resource management strategies.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Division Director monitors data on a quarterly basis.
6. **Data Source, Collection and Reporting:** Data is obtained from Success EHR.
7. **Calculation Methodology:** Numerator = total number of denied claims. Denominator = total number of claims submitted to payors.
8. **Scope:** All reimbursable services are included.
9. **Caveats:** None
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of individuals completing Multi-Systemic Therapy (MST) free from arrests.

LaPAS PI Code: 23818

1. **Type and Level:** Outcome/General
2. **Rationale:** The indicator measures treatment effectiveness.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Multi-Systemic Therapy Institute (MSTI) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists, supervisors, and consultants each time an individual is discharged from the program. The data is entered into the discharge summary form in the MSTI database, which auto-calculates outcomes for all youth discharged during the prescribed reporting timeframe. The database is maintained by the MSTI data analysts and verified by JPHSA Multi-Systemic Therapy services.
7. **Calculation Methodology:** The MSTI web-based system auto-calculates the statistic.
8. **Scope:** Individuals discharged from Multi-Systemic Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of individuals completing Multi-Systemic Therapy (MST) in school or working.

LaPAS PI Code: 23819

1. **Type and Level:** Outcome/General
2. **Rationale:** The indicator measures treatment effectiveness.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Multi-Systemic Therapy Institute (MSTI) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists, supervisors, and consultants each time an individual is discharged from the program. The data is entered into the discharge summary form in the MSTI database, which auto-calculates outcomes for all youth discharged during the prescribed reporting timeframe. The database is maintained by the MSTI data analysts and verified by JPHSA Multi-Systemic Therapy services.
7. **Calculation Methodology:** The MSTI web-based system auto-calculates the statistic.
8. **Scope:** Individuals discharged from Multi-Systemic Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based & Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

INDICATOR NAME: Percent of youth who completed Functional Family Therapy (FFT) to show improvement in behavioral problems.

LaPAS PI Code: 23821

1. **Type and Level:** Outcome/General
2. **Rationale:** The indicator measures treatment effectiveness, i.e. reduction of behavioral problems.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** Functional Family Therapy (FFT), an evidence-based practice, is an intensive in-home therapy program.
5. **Accuracy, Maintenance, Support:** The Youth Outcome Questionnaire (Y-OQ) parent instrument is used. This provides standardized measures with good psychometric properties. The instrument has internal consistency and has demonstrated validity. Completed instruments are hand scored and entered into the FFT Client Services System (CSS) for analysis.
6. **Data Source, Collection and Reporting:** Data is obtained from the Y-OQ pre- and post-tests. The CSS both analyzes and gives a report with the results.
7. **Calculation Methodology:** The number of post-test scores higher than or equal to pre-test scores is divided by the number of post-tests.
8. **Scope:** Parents of individuals who receive FFT are included.
9. **Caveats:** Data is only included for individuals completing treatment.
10. **Responsible Person:** Rosanna DiChiro, Psy.D., Director, Behavioral Health Community-based & Specialty Services. Telephone: 504-838-5207. E-mail: rdichiro@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through the Developmental Disabilities Community Services activity, promote wellness, independence, and productivity through integrated care and use of best practices by the end of FY2021-2022.

INDICATOR NAME: Percent of new system entry application received and completed within 45 calendar days.

LaPAS PI Code: New

1. **Type and Level:** Output/Key
2. **Rationale:** Timely identification and intervention can have a significant positive impact on an individual with a developmental disability with regard to learning new skills, remaining in the community, as well as, reducing costly interventions over time.
3. **Use:** Data is used to monitor program quality and effectiveness in achieving the outcome of providing timely determination of eligibility.
4. **Clarity:** Eligibility is based on the definition of developmental disability contained in the Louisiana R.S. 28:451.2. JPHSA serves as the single point of entry for individuals to receive developmental disabilities services in Jefferson Parish.
5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team and Entry Unit Staff establish reliability through monthly monitoring of developmental disabilities eligibility determination.
6. **Data Source, Collection and Reporting:** Data is extracted from the Participant Services Data System for all persons requesting developmental disabilities community-based services. The Entry Unit Staff and Participant Services Data System Coordinator are responsible for entering accurate and timely information.
7. **Calculation Methodology:** Numerator = total number of Statements of Approvals (SOAs) and Statements of Denials (SODs) completed within 45 calendar days. Denominator = the total number of SOAs and SODs completed.
8. **Scope:** Individuals completing eligibility determination for developmental disabilities services are included in the calculation.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through the Developmental Disabilities Community Services activity, promote wellness, independence, and productivity through integrated care and use of best practices by the end of FY2021-2022.

INDICATOR NAME: Total unduplicated number of individuals receiving developmental disabilities community-based services.

LaPAS PI Code: New

1. **Type and Level:** Output/Key
2. **Rationale:** Individuals with developmental disabilities and their families need community-based services to live, be educated, recreate, work, and participate productively in community life. Developmental disabilities community-based services are provided from birth through the lifespan to individuals who meet state eligibility criteria. The data provides a measure of service utilization and an indication of need.
3. **Use:** The indicator, in conjunction with other indicators, is used in planning and implementing services to best meet demand.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team and Personal Support Coordinators monitor data on a monthly basis.
6. **Data Source, Collection and Reporting:** Data is extracted from the Participant Services Data System for all persons receiving developmental disabilities community-based services and from an internally managed database. The Administrative Team, Personal Support Coordinators, and Participant Services Data System Coordinator are responsible for entering accurate and timely information.
7. **Calculation Methodology:** Individual data is extracted from the Participant Services Data System and from an internally managed database specific to individuals receiving developmental disabilities community-based services and is simply counted.
8. **Scope:** Only individuals who receive developmental disabilities community-based services from JPHSA are included in the count.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through the Developmental Disabilities Community Services activity, promote wellness, independence, and productivity through integrated care and use of best practices by the end of FY2021-2022.

INDICATOR NAME: Percent of Individual and Family Support recipients who remain living in the community vs. institution.

LaPAS PI Code: 22936

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Individual and Family Support services enhance the successful functioning of individuals with developmental disabilities, so they can live in their own homes or with their families in their community.
3. **Use:** Data is used to monitor program quality and effectiveness in achieving the outcome of family and child preservation and the successful functioning of adults in the community.
4. **Clarity:** Individual and Family Support services is comprised of, but not limited to: financial assistance for disability-related expenses; respite care; personal companion assistance; supportive living services; and, psychological services.
5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team and Personal Support Coordinators monitor data on a quarterly basis and compile data semi-annually.
6. **Data Source, Collection and Reporting:** Data is extracted from the Participant Services Data System for all persons receiving Individual and Family Support developmental disabilities community-based services and from an internally managed database.
7. **Calculation Methodology:** Numerator = total number of children and adults who receive Individual and Family Support **and** who remain in the community. Denominator = total number of children and adults who receive Individual and Family Support.
8. **Scope:** Only children and adults who receive Individual and Family Support funds from JPHSA are included in the calculation.
9. **Caveats:** Children who receive Flexible Family Funds only are not included in the count.
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through the Developmental Disabilities Community Services activity, promote wellness, independence, and productivity through integrated care and use of best practices by the end of FY2021-2022.

INDICATOR NAME: Percent of available home and community-based waiver slots utilized.

LaPAS PI Code: 25513

1. **Type and Level:** Output/Supportive
2. **Rationale:** Home and community-based waiver services (New Opportunities Waiver, Supports Waiver, Residential Options Waiver, and Children's Choice Waiver) allow flexibility for individuals to choose where they live and use supports that promote personal goals and productivity in community life.
3. **Use:** The indicator provides management with programmatic information and helps determine resource allocation, health and safety factors, and achievement for personal goals.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team monitors data on a quarterly basis and compiles data semi-annually.
6. **Data Source, Collection and Reporting:** Data is currently extracted from the Louisiana Waiver Registry and Recipient Information System (LAWRRIS) for all persons receiving home and community-based waiver services and from an internally managed database. Once the secure modular web application LaSRS is fully implemented, data will be extracted from it instead of from LAWRRIS.
7. **Calculation Methodology:** Numerator = total number of individuals who receive home and community-based waiver **and** who utilize the home and community-based waiver services.
Denominator = total number of individuals who receive a home and community- based waiver.
8. **Scope:** Only individuals who receive a developmental disabilities home and community-based waiver in Jefferson Parish are included in the calculation.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through the Developmental Disabilities Community Services activity, promote wellness, independence, and productivity through integrated care and use of best practices by the end of FY2021-2022.

INDICATOR NAME: Percent of individuals participating in home and community-based waivers utilizing self-direction.

LaPAS PI Code: 25514

1. **Type and Level:** Output/Supportive
2. **Rationale:** Self-direction option of home and community-based waiver services promotes the ability to make decisions and advances responsibility, achievement of personal goals, autonomy, and community participation.
3. **Use:** The indicator provides management with programmatic information and helps determine resource allocation and health and safety factors.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team monitors data on a quarterly basis and compiles data semi-annually.
6. **Data Source, Collection and Reporting:** Data is currently extracted from the Louisiana Waiver Registry and Recipient Information System (LAWRRIS) for all persons receiving home and community-based waiver services and from an internally managed database. Once the secure modular web application LaSRS is fully implemented, data will be extracted from it instead of from LAWRRIS.
7. **Calculation Methodology:** Numerator = total number of home and community-based waiver recipients utilizing the self-direction. Denominator = total number of home and community-based waiver recipients.
8. **Scope:** Only individuals who receive New Opportunities Waiver, Residential Options Waiver, and Children's Choice Waiver home and community-based services in Jefferson Parish are included in the calculation.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Performance & Quality Improvement/Business Management

OBJECTIVE: Through the Performance & Quality Improvement/Business Management Services activity, optimize resources through leadership, communication, workforce development and maximization of operational efficiency while maintaining the highest level of performance and accountability through FY2021-2022.

INDICATOR NAME: Average number of days from date of service to claim submission.

LaPAS PI Code: 25515

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Performance and continuous quality improvement are an integral part of JPHSA's culture, and decision support via data forms infrastructure for monitoring, analysis, and constructive change focused on increased efficiency and effectiveness. JPHSA continues to use a revenue-focused model to bill and proactively collect fees.
3. **Use:** Data reports are provided on a quarterly basis to members of the Revenue Enhancement Committee to measure. Performance and continuous quality improvement strategies are utilized to achieve improvement, if needed.
4. **Clarity:** None
5. **Accuracy, Maintenance and Support:** A query with refined parameters is used to extract data from JPHSA's electronic health record during the reporting period.
6. **Data Source, Collection and Reporting:** Service delivery data is input into the electronic health record by clinical staff, and billing staff submit claims that meet submission requirements. Supervisory staff monitors accuracy on an ongoing basis and identifies any performance improvement activities needed for claim submission.
7. **Calculation Methodology:** Numerator = sum of the number of days from the service delivery date to the claim submission date for each claim submitted. Denominator = total number of claims submitted.
8. **Scope:** Only claims with a billable encounter are included in the calculation.
9. **Caveats:** None
10. **Responsible Person:** Beverly Devall, MSPH, Chief Operating Officer/Chief Financial Officer. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: bdevall@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Performance & Quality Improvement/Business Management

OBJECTIVE: Through the Performance & Quality Improvement/Business Management Services activity, optimize resources through leadership, communication, workforce development and maximization of operational efficiency while maintaining the highest level of performance and accountability through FY2021-2022.

INDICATOR NAME: Percent compliance with Performance Evaluation System (PES) evaluations completed within required timeframe.

LaPAS PI Code: 25530

1. **Type and Level:** Outcome/General
2. **Rationale:** Performance and continuous quality improvement are an integral part of JPHSA's culture, and decision support via data forms infrastructure for monitoring, analysis, and constructive change focused on increased efficiency and effectiveness. Research shows that a high percentage of staff turnover is due to poor supervision.
3. **Use:** Monitoring completion percentages of evaluations by supervisors identifies supervisors in need of additional training.
4. **Clarity:** All annual evaluations required by Civil Service are included.
5. **Accuracy, Maintenance and Support:** The Louisiana Department of State Civil Service defines performance evaluation dates. All classified employees are included.
6. **Data Source, Collection and Reporting:** Supervisors submit completed evaluation forms to Human Resources. Human Resources staff identifies any supervisors who do not submit forms by stated deadline. Division Directors and Executive Director are notified of individuals who do not submit forms by stated deadlines.
7. **Calculation Methodology:** Numerator = number of PES submitted during reported period.
Denominator = number of required evaluations.
8. **Scope:** All employees required to have annual performance evaluation completed are included.
9. **Caveats:** Unclassified employees are not included.
10. **Responsible Person:** Melanie Williams-Sylvester, Human Resources Director. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: msylvester@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Performance & Quality Improvement/Business Management

OBJECTIVE: Through the Performance & Quality Improvement/Business Management Services activity, optimize resources through leadership, communication, workforce development and maximization of operational efficiency while maintaining the highest level of performance and accountability through FY2021-2022.

INDICATOR NAME: Percent of JPHSA Annual Performance & Quality Improvement Initiatives achieved.

LaPAS PI Code: 25532

1. **Type and Level:** Outcome/General
2. **Rationale:** "Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community." (Riley et al, "Defining Quality Improvement in Public Health", JPHMP, 2010, 16(10), 5-7.) This indicator ensures that performance and quality improvement activities remain ongoing.
3. **Use:** The Performance & Quality Improvement (PQI) Committee meets on a regular basis to review activities and to identify other areas in need of performance and/or quality improvement. Documentation of performance and quality improvement activities are shared with accreditation and licensing organizations as needed.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Progress reports on the Annual Performance & Quality Improvement Initiatives are provided on no less than a quarterly basis to the full membership of the PQI Committee. Various work groups meet as indicated within their charters. All data is maintained in support of Council on Accreditation standards.
6. **Data Source, Collection and Reporting:** All PQI activities results are documented by each work group and forwarded to the PQI Committee for review. The results are distributed to senior management.
7. **Calculation Methodology:** Numerator = number of activities achieved during reporting period.
Denominator = number of activities implemented during reporting period.
8. **Scope:** Activities fully implemented prior to the end of the reporting fiscal year.
9. **Caveats:** None
10. **Responsible Person:** Jerry Lewis, Director, Management Services. Telephone: 504-838-5215.
Fax: 504-838-5714. E-mail: jlewis@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Performance & Quality Improvement/Business Management

OBJECTIVE: Through the Performance & Quality Improvement/Business Management Services activity, optimize resources through leadership, communication, workforce development and maximization of operational efficiency while maintaining the highest level of performance and accountability through FY2021-2022.

INDICATOR NAME: Percent compliance with recommended frequency of documented individual supervision per Staff Development & Supervision Guidelines.

LaPAS PI Code: New

1. **Type and Level:** Outcome/General
2. **Rationale:** Supervision is a collaborative and ongoing assessment of an employee's strength and weaknesses via ongoing and meaningful communication. Supervision presents the opportunity for skills development with the expectation that professional growth and satisfaction are enhanced throughout the process.
3. **Use:** Audit results are provided to each member of the Executive Management Team and include only that member's supervisory staff. Executive Management Team members are expected to initiate corrective action as needed and to reinforce positive results with their individual supervisors. The Executive Director is provided with the full audit report.
4. **Clarity:** None.
5. **Accuracy, Maintenance, Support:** A standardized audit tool is utilized. Results are validated by the Management Services Compliance Specialist. All classified employees are included.
6. **Data Source, Collection and Reporting:** Designated Management Services and Human Resources staff conducts an annual audit of supervision files. The Management Services Compliance Specialist is responsible for tallying and reporting the data to the Executive Management Team.
7. **Calculation Methodology:** Numerator = number classified employees with the required frequency of supervision meetings during reported period. Denominator = number of classified employees with audited supervision files.
8. **Scope:** Classified employees are included.
9. **Caveats:** None.
10. **Responsible Person:** Jerry Lewis, Director, Management Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: jlewis@jphsa.org.

PROCESS DOCUMENTATION

09-301 FLORIDA PARISHES HUMAN SERVICES AUTHORITY

09-301 PROGRAM A: FLORIDA PARISHES HUMAN SERVICES AUTHORITY

Principle Customers/Users of the Program and Benefits: Persons with Behavioral Health Disorders (substance use and serious/persistent mental illness) and/or Developmental Disabilities and their families, who live in the five-parish area served by Florida Parishes Human Services Authority (FPHSA), as well as the general communities of each parish.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Potential internal factors that could significantly affect the achievement of this program include:

- (1) The majority of revenue for FPHSA comes from the Louisiana Department of Health (LDH). FPHSA is therefore significantly impacted by LDH Program initiatives, as well as restrictions, coming from each LDH Program Office.
- (2) Changes in Medicaid regulations, which has an impact on the Self-Generated revenue source.
- (3) Reductions of federal block grant dollars.
- (4) Legislative action or gubernatorial executive orders reducing appropriation levels.
- (5) Budget constraints can have an effect on staff positions, which can impact the wait time for services and increased staff caseloads.

Potential external factors include:

- (1) Environmental crises impact FPHSA's broad geographical area.
- (2) Population shifts.
- (3) Economic conditions.
- (4) Unemployment rate.
- (5) Service recipients' reaction to economic conditions.
- (6) Technological changes.
- (7) Federal health care reform initiatives.

Method Used to Avoid Duplication of Effort: One of the most significantly beneficial aspects of the design of FPHSA is its ability to provide services in an integrated fashion, thereby enhancing efficiency while providing more comprehensive services to clients. All service areas (Behavioral Health Services, Developmental Disabilities Services, Executive Administration, and Home and Community-based Services) report to one position-the Executive Director. There is a single appropriation, which fosters an integrated service effort, while allowing for the specialty of each service area. There is also cross-training of staff, which facilitates the planning and development of programs from a unified philosophy and perspective, and provides for ease of transition when one employee's duties need to transition to another employee. FPHSA committees include representatives of each service area, facilitating the sharing of knowledge, information, and ideas, and stressing the importance of a broader perspective to client care.

Additionally, as an agency governed by representatives of parishes it serves, FPHSA is more community-focused than public agencies that are managed from a distance. Therefore, it has the advantage of greater knowledge of and integration with local resources/services, thereby minimizing community duplication of effort.

Program Evaluations Used to Develop Goals, Objectives, and Strategies: FPHSA's program area advisory boards; customer surveys; community forums; provider meetings; review of management data; and the Governing Board, whose membership is a result of recommendations from each parish governing body in the Authority's catchment area, were drawn upon to develop goals, objectives, and strategies.

Program Goal I: To assure comprehensive services and supports which improve the quality of life and community participation for persons with behavioral health disorders (substance use and serious/persistent mental illness) and developmental disabilities, while providing effective limited intervention to individuals with less severe needs.

Program Goal II: To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and the use of data-based decision-making.

Program Goal III: To promote healthy and safe lifestyles for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address the localized community problems.

Statutory Authority for Goals: FPHSA is a special authority/district created by Act 594 of the 2003 Louisiana Legislative Session.

Objective I: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with behavioral health disorders, their families, and the communities they live in.

Objective II: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with developmental disabilities, their families, and the communities they live in.

Objective III: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with behavioral health disorders, and/or developmental disabilities, their families, and the communities they live in.

Maintenance of Records and Monitoring/Evaluating Processes: Each FPHSA program director monitors and evaluates data relevant to performance indicators pertaining to their service area at least quarterly for those indicators for which quarterly reporting is appropriate. Each program director determines if performance related to the indicator is on track and adjusts the target for future quarters if appropriate. Program directors may also modify action steps so that attainability of future targets is improved. As well, if actual performance related to an indicator differs +/- 5 percent from the target, the program director analyzes and provides a written explanation for the deviation. Summary data for each performance indicator is submitted to FPHSA's fiscal department, where it is consolidated for reporting. Program directors are responsible for the maintenance of source documentation related to each performance indicator. FPHSA's fiscal department maintains summary data. All documentation is retained per FPHSA's "Record Retention Schedule."

Human resource policies that are helpful and beneficial to women and families: Florida Parishes Human Services Authority, through its Human Resource's Office, will develop and implement policies that are helpful and beneficial to women and families, using such resources as federal, state, and/or local laws, guidelines, and procedures, as well as provide a mechanism for internal feedback. As a part of the implementation process, continued monitoring of all applicable resources will ensure that these policies are regularly maintained and updated for accuracy.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Percentage of individuals successfully completing the Level III.5 Adult residential treatment program (ADU/FTC).

LaPAS PI Code: 21038

Type and Level:	Outcome – Key
Rationale:	The indicator was selected to provide a valid measure of treatment effectiveness for inpatient addictive disorders clients. This indicator is tied to the agency mission for the delivery of addictive disorders treatment services.
Use:	The data will provide a measurement to help determine program effectiveness. It will be used to compare FPHSA/ADS to other statewide programs and to national averages.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a percentage derived from the counts generated by our own electronic health record.
Data Source, Collection and Reporting:	The data will be collected from our own electronic behavioral health record.
Calculation Methodology:	<u>Numerator:</u> Total number of clients discharged as completing program during reporting period <u>Denominator:</u> Total number of clients discharged during period of report
Scope:	This indicator is aggregated as it could be broken down by parish, sex, race, etc.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. Additionally, the count may include patients admitted from outside of FPHSA catchment area.
Responsible Person:	Cindy Gutowski, LCSW, Behavioral Health Director, FPHSA Phone: 985-543-4333 Fax: 985-543-4817 Cindy.gutowski@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Average daily census (Level III.5 Adult residential treatment program (ADU/FTC)).

LaPAS PI Code: 21039

Type and Level:	Outcome – Supporting
Rationale:	The indicator was selected to monitor utilization of available inpatient Beds.
Use:	The data will be used to determine whether bed capacity at the Inpatient facilities are being fully utilized. It will also be used for Internal management purposes in determining any deficiencies With the timely admission of clients.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The information is manually recorded and tracked.
Data Source, Collection and Reporting:	The source of data is an Excel spreadsheet containing information From a daily census recorded by FPHSA staff. It will be reported Semi-annually.
Calculation Methodology:	<u>Numerator:</u> Number of occupied bed (client) days, as provided in The monthly census reports <u>Denominator:</u> Number of days in the reporting period
Scope:	This indicator is aggregated as it could be broken down by parish, sex, race, etc.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. Additionally, patient days can include patients admitted from outside of FPHSA catchment area.
Responsible Person:	Cindy Gutowski, LCSW, Behavioral Health Director, FPHSA Phone: 985-543-4333 Fax: 985-543-4817 Cindy.gutowski@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Average cost per client day (Level III. 5 Adult residential treatment).

LaPAS PI Code: 21045

Type and Level:	Efficiency – General Performance Information
Rationale:	The indicator was selected to provide a valid measure of operating cost per client day to analyze facility cost-effectiveness.
Use:	The data will provide a measurement to compare operating costs between fiscal years and between other facilities that provide similar services.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is from a count that is manually recorded and tracked and verified by our electronic health record and from information generated by the Integrated Statewide Information System (ISIS).
Data Source, Collection and Reporting:	The sources of data are an MS Excel spreadsheet containing information from a daily census recorded by FPHSA staff and expenditure reports generated from ISIS. It will be reported annually.
Calculation Methodology:	<u>Numerator:</u> Total residential year-end expenditures <u>Denominator:</u> Total year-end number of residential client days
Scope:	This indicator is aggregated as it could be broken down by parish, sex, race, etc.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration. Additionally, patient days can include patients admitted from outside of FPHSA catchment area.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total number of individuals served in prevention programs.

LaPAS PI Code: 23825

Type and Level:	Output –General
Rationale:	The indicator was selected to monitor the total number of individuals served in prevention programs. This indicator is tied to the agency mission for the delivery of addictive disorders prevention services.
Use:	The indicator will be used as an analysis tool in conjunction with other performance indicators for management decision making and for reporting purposes.
Clarity:	This indicator includes evidence-based primary prevention program enrollees, provider participants served, and prevention staff participants served.
Validity, Reliability and Accuracy:	This is a count generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS).
Data Source, Collection and Reporting:	The source of data will be compiled from OBH Prevention Management Information System (PMIS) Provider Staff Activities Report, Agency Staff Activities Report, and Current Registrations Report and reported on an annual basis.
Calculation Methodology:	The reported information is the actual number of persons receiving prevention services (includes provider and prevention staff participants served and enrollees in evidence-based educational programs).
Scope:	This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to prevention program enrollees and participants served by FPHSA prevention providers and/or FPHSA prevention staff.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual served in outpatient substance use disorders and compulsive problem gambling treatment services.

LaPAS PI Code: 23828

Type and Level:	Efficiency – General Performance Information
Rationale:	The indicator was selected to provide a valid measurement of operating cost per individual served in ADS outpatient treatment and assist in analysis of cost-effectiveness.
Use:	The indicator provides a measure of change in costs over time. It can provide some of the data needed to compare costs with other programs providing a comparable range of services. It will assist in fiscal and programmatic planning, resource allocation, and in program development and evaluation.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	Counts generated by provider input into our electronic behavioral health record.
Data Source, Collection and Reporting:	The sources of data are our electronic behavioral health record and the ISIS database. It will be report on an annual basis.
Calculation Methodology:	<u>Numerator:</u> Total year-end expenditures for outpatient treatment services. <u>Denominator:</u> Total number of individuals receiving outpatient treatment services (includes admitted and screened) per fiscal year.
Scope:	This indicator would not be meaningful if aggregated or compared across authorities/districts/regions due to the variation in services provided, i.e. special

	populations and programs, etc. Counts are specific to residents with addictive disorders of the 5 parishes served by FPHSA/ADS.
Caveats:	Report dependent upon data entered into our electronic behavioral health record. Data is an average and does not take into variation in intensity and type of services provided to varying populations. Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual served in Level III.5 Adult (ADU/FTC) substance use disorders residential treatment services.

LaPAS PI Code: 23829

Type and Level:	Efficiency – General Performance Information
Rationale:	The indicator was selected to provide a valid measurement of operating cost per individual served in ADS residential adult treatment and assist in analysis of cost-effectiveness.
Use:	The indicator provides a measure of change in costs over time. It can provide some of the data needed to compare costs with other programs providing a comparable range of services. It will assist in fiscal and programmatic planning, resource allocation, and in program development and evaluation.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	Counts generated our electronic behavioral health record and Integrated Statewide Information System (ISIS) database.
Data Source, Collection and Reporting:	The sources of data are our electronic behavioral health record and the ISIS database. It will be report on an annual basis.
Calculation Methodology:	<u>Numerator:</u> Total year-end expenditures for inpatient treatment services <u>Denominator:</u> Total number of individuals receiving inpatient treatment services (Admissions)
Scope:	This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to individuals admitted to inpatient from all regions of the state.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of

	<p>FPHSA Executive Administration. Additionally, the count may include patients admitted from outside of FPHSA catchment area.</p>
Responsible Person:	<p>Cindy Gutowski, LCSW, Behavioral Health Director, FPHSA Phone: 985-543-4333 Fax: 985-543-4817 Cindy.gutowski@la.gov</p>

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual served in prevention substance use disorders and prevention gambling programs.

LaPAS PI Code: 23830

Type and Level:	Efficiency – General
Rationale:	The indicator was selected to provide a valid measurement of operating cost per individual served in ADS prevention services to assist in analysis of cost-effectiveness.
Use:	The indicator provides a measure of change in providing prevention costs over time. It can provide data with which to compare costs to other prevention programs providing a comparable range of services. In conjunction with other indicators, it will assist in the assessment of the efficiency of program service delivery.
Clarity:	This indicator includes evidence-based primary prevention program enrollees and participants served by FPHSA staff and contract providers.
Validity, Reliability and Accuracy:	It is an amount calculated by information generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS) and Integrated Statewide Information System (ISIS).
Data Source, Collection and Reporting:	The sources of data are the PMIS Provider Staff Activities Report, Agency Staff Activities Report, and Current Registrations Report and the ISIS database. It will be reported annually.
Calculation Methodology:	<u>Numerator:</u> Total year-end expenditures for prevention services <u>Denominator:</u> Total number of individuals receiving prevention services
Scope:	This indicator is aggregated as it could be broken down by parish, type of prevention services, etc. Data specific to enrollees and participants served by FPHSA prevention contract providers and by FPHSA prevention staff.

Caveats:	Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total number of merchants educated through Synar services.

LaPAS PI Code: 23831

Type and Level:	Output – General
Rationale:	The indicator was selected to monitor the total number of merchants educated through Synar services.
Use:	The indicator will be used to monitor if FPHSA is utilizing the maximum number of merchant education opportunities in the provision of unconsummated compliance checks on legal (18+) tobacco purchases.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	It is a count generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS).
Data Source, Collection and Reporting:	The source of data will be compiled from OBH Prevention Management Information System (PMIS) Synar report and reported on an annual basis.
Calculation Methodology:	The reported information is the actual number reported.
Scope:	Data specific to merchants selling tobacco products in the 5 parishes served by FPHSA.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Cost per registered enrollee in evidence-based educational (prevention) programs.

LaPAS PI Code: 23832

Type and Level:	Efficiency – General
Rationale:	The indicator was selected to provide a valid measurement of operating cost per enrollee registered in evidence-based training programs to assist in analysis of cost-effectiveness.
Use:	The indicator provides a measure of change in providing evidence-based training program costs over time. It can provide data with which to compare costs to other prevention programs providing a comparable range of services. In conjunction with other indicators, it will assist in the assessment of the efficiency of program service delivery.
Clarity:	This indicator includes only evidence-based primary prevention program enrollees.
Validity, Reliability and Accuracy:	It is an amount calculated by information generated by the OBH Prevention Management Information System (PMIS) and Integrated Statewide Information System (ISIS).
Data Source, Collection and Reporting:	The sources of data are the PMIS (Prevention Management Information System) Current Registrations Report and the ISIS database. It will be reported on an annual basis.
Calculation Methodology:	<u>Numerator:</u> Total year-end evidence-based program expenditures <u>Denominator:</u> Total number of enrollees registered in the evidence-based program.
Scope:	This indicator is aggregated as it could be broken down by parish, school, etc. This indicator could be compared with similar indicators in other authorities/districts/regions providing similar programs. Data is specific to enrollees in FPHSA evidence-based educational (training) program provided by

	contract providers.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Percentage of adult service recipients remaining in outpatient substance use disorders treatment for at least six weeks.

LaPAS PI Code: 25516

Type and Level:	Outcome – Key
Rationale:	The indicator was selected to provide a valid measure of treatment effectiveness for outpatient addictive disorders clients by formulating a retention rate within a single treatment episode. Research has shown treatment effectiveness has a positive correlation with length of treatment.
Use:	The data will provide a measurement to help determine program effectiveness. It will be used to compare FPHSA/ADS to other statewide programs and to national averages.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a percentage derived from the counts generated by provider input our electronic behavioral health record.
Data Source, Collection and Reporting:	The source of data is our electronic behavioral health record from data entered by FPHSA staff. It will be reported to FPHSA Administration on a quarterly basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> The number of adult persons who remain in outpatient treatment for at least six weeks (42 days) as indicated by the number of days between admission and last date of service. <u>Denominator:</u> Persons discharged during the period (e.g. quarter, year).
Scope:	Data specific to residents (with addictive disorders) of the 5 parishes served by FPHSA who receive outpatient treatment services from FPHSA/ADS.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total number of persons registered in evidence-based educational (prevention) programming (enrollees).

LaPAS PI Code: 25517

Type and Level:	Output– Key
Rationale:	The indicator was selected to monitor the number of individuals served in capture evidence-based programming.
Use:	The indicator will be used as an analysis tool in conjunction with other performance indicators for management decision making and for reporting purposes.
Clarity:	This indicator includes participants served by contract providers.
Validity, Reliability and Accuracy:	This indicator is new and has not been audited. This is a count generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS).
Data Source, Collection and Reporting:	The source of data will be compiled from OBH Prevention Management Information System (PMIS) Current Registrations Report and reported on A quarterly basis. Does not include merchants educated through Synar.
Calculation Methodology:	The reported information is the actual number of Enrollees served by contract providers.
Scope:	This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to Enrollees served by FPHSA contract providers.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
Responsible Person:	Cindy Gutowski, LCSW, Behavioral Health Director, FPHSA Phone: 985-543-4333 FAX: 985-543-4817 Cindy.gutowski@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals considered active in substance use disorders and compulsive problem gambling outpatient services.

LaPAS PI Code: New

Type and Level: Output-Key

Rationale: Identifies the number of individuals that are receiving treatment services in the addictive disorders outpatient setting in order to assist in determining staffing needs,

Use: Provides data needed internally to determine budgetary needs, staffing needs, and to assist with program development.

Clarity: The indicator includes persons served by outpatient clinics and gambling counselors.

Accuracy, Maintenance, Support: The data will be pulled from FPHSA's electronic health record system (ICANotes) and LADDs and should be an accurate count of individuals considered active in the facilities. Active is defined as an individual who has received treatment from the facility within the past 6 months.

Data Source, Collection and Reporting: Report run within FPHSA's own electronic health record system (ICANotes) and LADDs.

Calculation Methodology: Number of individuals considered active in addictive disorders outpatient services is calculated by counting the unduplicated individuals who are still active in each clinic.

Scope: This indicator can be compared across local governing entities.

Caveats: The indicator is dependent on information documented within FPHSA's own electronic health record system. As long as every service provided is documented, the indicator should be an accurate reflection of individuals served.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals served in substance use disorders and compulsive problem gambling outpatient services (includes screening/assessment and treatment).

LaPAS PI Code: NEW

Type and Level: Output-Key

Rationale: Identifies the number of individuals that are serviced in the addictive disorders outpatient setting in order to assist in determining staffing needs,

Use: Provides data needed internally to determine budgetary needs, staffing needs, and to assist with program development.

Clarity: The indicator includes persons served by outpatient clinics and gambling counselors.

Accuracy, Maintenance, Support: The data will be pulled from FPHSA's electronic health record system (ICANotes) and LADDs and should be an accurate count of persons served.

Data Source, Collection and Reporting: LDH/OBH data warehouse via submission by FPHSA's electronic health record system and LADDs, which can be confirmed with reports run by FPHSA's own electronic health record system (ICANotes)

Calculation Methodology: Number of persons served in addictive disorders outpatient services is calculated by adding together the number of persons receiving services and the number of persons who have been screened/assessed, but have not been admitted for services.

Scope: This indicator can be compared across local governing entities.

Caveats: The indicator is dependent on information reported to OBH through FPHSA's own electronic health record system. As long as every service provided is documented, the indicator should be an accurate reflection of persons served.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals served in the Level III.5 adult residential treatment program (ADU/FTC).

LaPAS PI Code: NEW

Type and Level: Output-Key

Rationale: Identifies the number of individuals that are serviced in the addictive disorders Level III.5 residential setting in order to assist in determining staffing needs,

Use: Provides data needed internally to determine budgetary needs, staffing needs, and to assist with program development.

Clarity: The indicator is clearly written

Accuracy, Maintenance, Support: The data will be pulled from FPHSA's electronic health record system and should be an accurate count of persons served.

Data Source, Collection and Reporting: LDH/OBH data warehouse via submission by FPHSA's electronic health record system, which can be confirmed with reports run by FPHSA's own electronic health record system (ICANotes)

Calculation Methodology: Number of individuals served in addictive disorders residential treatment services is calculated by adding together the unduplicated number of individuals receiving services.

Scope: This indicator can be compared across local governing entities.

Caveats: The indicator is dependent on information reported to OBH through FPHSA's own electronic health record system. As long as every service provided is documented, the indicator should be an accurate reflection of individuals served.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Average cost per person served through FPHSA community-based mental health services.

LaPAS PI Code: 21034

Type and Level:	Efficiency – General
Rationale:	Measures cost of community-based mental health services provided.
Use:	Provides pertinent data to internal management on cost effectiveness of community mental health services provided and enables initiation of process improvements.
Clarity:	This definition is under development within SAMHSA and has not been standardized on the national level.
Validity, Reliability and Accuracy:	Data source has been selected for use by LDH per the Accountability and Implementation Plan (AIP).
Data Source, Collection and Reporting:	LDH/OBH data warehouse via submission by FPHSA's electronic health record system, and ISIS database; collected annually, reported up to date for previous reporting period by state fiscal year.
Calculation Methodology:	<p><u>Numerator:</u> Total cost of mental health services per fiscal year</p> <p><u>Denominator:</u> Total number served in outpatient mental health clinics per fiscal year</p> <p><u>Units Reported:</u> average cost</p>
Scope:	This indicator would not be meaningful if aggregated or compared across authorities/districts/regions due to the variation in services provided, i.e. special populations and programs.
Caveats:	Report dependent upon data provided by LDH/OBH through electronic health record Data is an average and does not take into account cost savings through PAPs nor variation in intensity and type of services provided to varying populations.
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Percentage of Mental Health Services/ Flexible Family Funds recipients who remain in the community (vs. institution).

LaPAS PI Code: New

Type and Level:	Outcome – General
Rationale:	Measures effectiveness of Flexible Family Funds.
Use:	The indicator will be used to determine the effectiveness of MHS's flexible family funds in maintaining persons in the least restrictive environment/lowest level of care necessary. The indicator will be used for internal management purposes.
Clarity:	Community living is indicated by a residential status of living in a private house, condo, apartment, or rented room. The indicator is the number of persons served through FPHSA's MH Flexible Family Funds who have not been institutionalized at the time of assessment.
Validity, Reliability and Accuracy:	At the current time this data is only available through FPHSA's Flexible Family Funds database maintained by Mental Health Administration Staff. It could be verified through individual client records/contracts.
Data Source, Collection and Reporting:	FPHSA's Flexible Family Funds database, collected through Mental Health Administration, reporting will occur on last day of each quarter.
Calculation Methodology:	<u>Numerator:</u> Number of persons served by FPHSA's MHS flexible family funds who have not been admitted to an institution during the measurement period. <u>Denominator:</u> Total number of persons served through FPHSA's MHS flexible family funds during the measurement period. <u>Units Reported:</u> percentage
Scope:	This indicator could be aggregated across authorities/districts/regions if they are collecting the data in the same manner.

Caveats:	The measurement period is a quarter/3 months and the calculations will be based on all persons served during that time, which will exceed the average number served or the number served at a point in time.
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals served in mental health outpatient services (includes screening/assessment, and treatment).

LaPAS PI Code: NEW

Type and Level: Output-Key

Rationale: Identifies the number of individuals that are serviced in the outpatient setting in order to assist in determining staffing needs.

Use: Provides data needed internally to determine budgetary needs, staffing needs and to assist with program development.

Clarity: The indicator is clearly written

Accuracy, Maintenance, Support: The data will be pulled from FPHSA's electronic health record system and should be an accurate count of individuals served.

Data Source, Collection and Reporting: LDH/OBH data warehouse via submission by our electronic health record, which can be confirmed with reports run by our own electronic health record (ICANotes).

Calculation Methodology: Number of individuals served in the mental health outpatient centers is calculated by adding together the number of persons receiving services and the number of persons who have been screened, but have not been admitted for services.

Scope: This indicator can be compared across local governing entities.

Caveats: The indicator is dependent on information reported to OBH through our own electronic health record. As long as every service provided is documented, the indicator should be an accurate reflection of persons served.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Behavioral Health Services (BHS)

OBJECTIVE: Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals considered active in mental health outpatient services.

LaPAS PI Code: New

Type and Level: Output-Key

Rationale: Identifies the number of individuals that are receiving treatment services in the outpatient setting in order to assist in determining staffing needs.

Use: Provides data needed internally to determine budgetary needs, staffing needs and to assist with program development.

Clarity: The indicator is clearly written.

Accuracy, Maintenance, Support: The data will be pulled from our electronic health record and should be an accurate count of persons considered active in the facilities. Active is defined as a person who has received treatment from the facility within the past 6 months.

Data Source, Collection and Reporting: Report run within our own electronic health record (ICANotes).

Calculation Methodology: Number of persons considered active in the outpatient clinics is calculated by counting the persons who are still active in each clinic, excluding anyone who has not received treatment within the past 6 months.

Scope: This indicator can be compared across local governing entities.

Caveats: The indicator is dependent on information documented within our own electronic health record. As long as every service provided is documented, the indicator should be an accurate reflection of persons served.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals receiving community-based developmental disabilities services.

LaPAS PI Code: 21022

Type and Level:	Output – Key
Rationale:	The indicator was selected to monitor the total number of individuals in the community receiving developmental disabilities services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a count generated by Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by PS App and reported to FPHSA Administration on and quarterly basis by state fiscal year.
Calculation Methodology:	The information is reported by running the “Services Received by Parish (Names List)” report in PS APP; add the names of completed psychological evaluations from the Family Support Psychological

	<p>Excel spreadsheet; remove duplicates from the total count. This Information includes Individual and Family Support Services, Individual and Family Support Crisis services, Flexible Family Fund, PASRR and psychological evaluation services. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.</p>
Scope:	<p>This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.</p>
Caveats:	<p>Possible weaknesses may be human error in data entry into the PS App database and the exclusion of individuals who are ineligible to receive services from FPHSA/DDS and are provided referral information. Additionally, the total number does not reflect multiple units of services received.</p>
Responsible Person:	<p>Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401</p>
	<p>Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea. Albert@la.gov</p>

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals receiving Individual and Family Support services.

LaPAS PI Code: 21023

Type and Level:	Output – Key
Rationale:	The indicator was selected to monitor the total number of individuals in the community receiving individual and family support services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a count generated by the Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff.
Data Source, Collection and Reporting:	The source of data will be generated by the PS APP and reported to the program and planning staff at OCDD Central Office and FPHSA Administration quarterly.
Calculation Methodology:	The information is reported using the “Services Received by Parish (Names List)” report in PS APP and removing the IFS Crisis only names and duplicate names from the report. Leave names receiving IFS and IFS Crisis. Time frames to use when running the report are:

	Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	A possible weakness may be human error in data entry into the PS App database.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist -FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea. Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals receiving Flexible Family Fund services.

LaPAS PI Code: 23833

Type and Level:	Output – Key
Rationale:	The indicator was selected to monitor the total number of children in the community receiving cash subsidy support. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in managing the allotted number of slots in the FFF program.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a count generated by Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff.
Data Source, Collection and Reporting:	The source of data will be generated by PS App and reported monthly to the program and planning staff at OCDD Central Office and quarterly to FPHSA Administration.
Calculation Methodology:	The information is reported using the “Services Received by Parish (Names List)” report in PS APP and removing duplicate names from the report. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	A possible weakness may be human error in data entry into the PS App database.

Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea. Albert@la.gov
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals receiving Individual and Family Support Crisis services.

LaPAS PI Code: 23834

Type and Level:	Output- Key
Rationale:	The indicator was selected to monitor the total unduplicated number of individuals in the community receiving crisis services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a count generated by the Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by PS App and reported quarterly to FPHSA Administration.
Calculation Methodology:	The reported information is a total unduplicated count of all persons receiving individual and family support crisis services as reported on the "Services Received by Parish (Names List)" report in PS App (only count the Crisis names). Remove duplicate names from the report. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.

Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
Responsible Person:	<p>Janise Monetta, Program Director – FPHSA-DDS</p> <p>ATTN: Andrea Albert, Quality Assurance Specialist FPHSA-DDS</p> <p>835 Pride Drive, Ste. B, Hammond, LA 70401</p> <p>Main#: 985-543-4730 /FAX#: 985-543-4752</p> <p>Email Andrea. Albert@la.gov</p>

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Total unduplicated number of individuals receiving Preadmission Screening and Resident Review (PASRR) services.

LaPAS PI Code: 23835

Type and Level:	Output- Key
Rationale:	The indicator was selected to monitor the total number of individuals receiving a Preadmission Screening and Resident Review (PASRR) service. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This is a count generated by the Participant Services Application (PS App). Data is reviewed by the FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by PS App and reported to OCDD Central Office and to FPHSA Administration quarterly.
Calculation Methodology:	The reported information is obtained from the "Services Received by Parish (Names List)" report in PS App. Remove duplicate names from the report. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.

Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual receiving Individual and Family Support services.

LaPAS PI Code: 23837

Type and Level:	Output – General Performance Information
Rationale:	The indicator was selected to monitor the average cost per individual receiving individual and family support. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The validity and reliability is accurate as it is generated from the Participant Services Application (PS App) and the Integrated Statewide Information System (ISIS). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by the PS App and the ISIS and reported to OCDD state office and to FPHSA Administration on an annual basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> Total year-end individual and family support expenditures <u>Denominator:</u> Total number of individuals receiving individual and family support services(PI #21023)
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.

Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual receiving Flexible Family Funds.

LaPAS PI Code: 23838

Type and Level:	Output - General Performance Information
Rationale:	The indicator was selected to monitor the average cost per individual receiving cash subsidy support. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The validity and reliability is accurate as it is generated from the Participant Services Application (PS App) and the Integrated Statewide Information System (ISIS). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by the PS App and the ISIS and reported to OCDD state office and to FPHSA Administration on an annual basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> Total year-end cash subsidy expenditures <u>Denominator:</u> Total number of individuals receiving Flexible Family Fund (PI #23833)
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.

Caveats:	Variance in average cost is due to a lapse in time from those exiting the program and another entering the program - Monthly stipend is \$258 per qualified child. A possible weakness may be human error in data entry into the PS App and ISIS databases. Also, the number of individuals used in the calculation may exceed the number of allotted slots due to changes in recipients during the state fiscal year.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea. Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual receiving individual and family support crisis services.

LaPAS PI Code: 23839

Type and Level:	Output - General Performance Information
Rationale:	The indicator was selected to monitor the average cost per individual receiving crisis services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The validity and reliability is accurate as it is generated from the Participant Services Application (PS App) and the Integrated Statewide Information System (ISIS). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by the PS App and the ISIS and reported to FPHSA Administration on an annual basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> Total year-end individual and family support crisis expenditures <u>Denominator:</u> Total number of individuals receiving individual and family support crisis services (PI #23834)
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. This number does not include the

	indirect cost of FPHSA Executive Administration.	
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea. Albert@la.gov	

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Average cost per individual receiving Preadmission Screening and Resident Review (PASRR) services.

LaPAS PI Code: 23840

Type and Level:	Output - General Performance Information
Rationale:	The indicator was selected to monitor the average cost per individual receiving PASRR. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
Clarity:	This indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The validity and reliability is accurate as it is generated from the Participant Services Application (PS App) and the Integrated Statewide Information System (ISIS). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by the PS App and the ISIS and reported to FPHSA Administration on an annual basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> Total year-end PASRR expenditures <u>Denominator:</u> Total number of individuals receiving PASRR services (PI #23835)
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration. Also, the total

	number of individuals receiving PASRR services does not include follow-up visits to the nursing homes.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752
	Email Andrea.Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Percentage of Flexible Family Fund recipients who remain in the community (vs. institution).

LaPAS PI Code: 23842

Type and Level:	Outcome – General Performance Information
Rationale:	This indicator was selected as a measurement tool to analyze the success of FPHSA/DDS in providing needed community-based services and ties to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The count of individuals served will be generated by the Participant Services Application (PS App) and will indicate if an individual no longer receiving services was institutionalized. Data is reviewed by DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by PS App and reported to FPHSA Administration on an annual basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> Total unduplicated number of individuals receiving Flexible Family Fund (PI #23833) less the number of recipients who entered institutions. <u>Denominator:</u> Total unduplicated number of individuals receiving Flexible Family Fund. (PI #23833)
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
Responsible Person:	Janise Monetta, Program Director – FPHSA-

	DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services (DDS)

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Percentage of Individual and Family Support recipients that remain in the community (vs. institution).

LaPAS PI Code: 23843

Type and Level:	Outcome – General Performance Information
Rationale:	This indicator was selected as a measurement tool to analyze the success of FPHSA/DDS in providing needed community-based services and ties to the agency mission for the delivery of developmental disabilities services.
Use:	The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The count of individuals served will be generated by the Participant Services Application (PS App) and will indicate if an individual no longer receiving services was institutionalized. Data is reviewed by DDS staff and FPHSA Administration.
Data Source, Collection and Reporting:	The source of data will be generated by the PS App and reported to FPHSA Administration on an annual basis by state fiscal year.
Calculation Methodology:	<u>Numerator:</u> Total unduplicated number of individuals receiving Individual and Family Support services (PI #21023) less the number of recipients who entered institutions. <u>Denominator:</u> Total unduplicated number of individuals receiving Individual and Family Support services (PI #21023).
Scope:	This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.

Caveats:	Human and technological errors are always a possible factor that may impact data integrity.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Percentage of Waiver participants with a current Statement of Approval.

LaPAS PI Code: 24950

Type and Level:	INPUT, KEY
Rationale:	Waiver participants with an approved Level of Care/Plan of Care (LOC/POC) must meet the Developmental Disability (DD) eligibility criteria as documented by a current Statement of Approval (SOA) issued by the FPHSA/DDS office. This indicator will help determine whether waiver staff has reviewed the eligibility of each waiver participant at the time of LOC/POC approval, whether this is an initial or annual approval.
Use:	This indicator will determine the number of waiver records with a current SOA at the time of LOC/POC approval within the reporting quarter as well as the number of waiver records with a missing/expired SOA or a Statement of Denial (SOD), which are recorded as errors. The SOA error remediation data is recorded in an internal LOC/POC Quality Review database (MS Access) which is uploaded to OCDD on a quarterly basis and is reportable to CMS as part of the HCBS waiver assurances.
Clarity:	The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below: LOC/POC = Level of Care / Plan of Care OCDD = Office for Citizens with Developmental Disabilities CMS = Centers for Medicare & Medicaid Services HCBS = Home & Community Based Services HSAIP = Human Services Accountability & Implementation Plan NOW = New Opportunities Waiver CC = Children's Choice Waiver SW = Supports Waiver

	ROW = Residential Options Waiver DD = Developmental Disabilities SOA = Statement of Approval SOD = Statement of Denial
Validity, Reliability and Accuracy:	It is unknown whether this indicator has been audited by Office of Legislative Auditor. The data source, collection, and reporting methods should provide valid, reliable, and accurate data as the review findings and remediation activities and timelines are entered consistently in an electronic database which has reporting and query functions that yield both qualitative and quantifiable data.
Data Source, Collection and Reporting:	<p><u>Data Source:</u> Level of Care/Plan of Care (LOC/POC) Quality Review Database, which is an internal MS Access database consisting of a “front-end” data form and a “back-end” data table.</p> <p><u>Data Collection:</u> Reviews are conducted quarterly on a random sample of Waiver participant records pre-determined and disseminated by OCDD/CO on a quarterly (fiscal year) basis. Scope of review focuses on both LOC and POC with 20 review items specific to entry process, 90-L (physician form) process, assessments, planning, freedom of choice, and timeliness. Error findings are recorded in the LOC/POC Quality Review Database at the time of review, as well as remediation completed and a closure date, which is entered on an ongoing basis.</p> <p><u>Reporting:</u> Data is uploaded as-is to OCDD Data Systems (secure website) on a quarterly basis, and error remediation reports and queries may be generated at the state and local level to determine any outstanding errors with pending remediation and closure.</p>
Calculation Methodology:	<p>Step 1. Sign on to the LOCPOC Front End</p> <p>Step 2. At MAIN MENU open RUN REPORT FOR EACH REVIEW QUESTION.</p> <p>Step 3. On Q01 open REVIEW TYPE</p> <p>Step 4. On FROM DATE MM/DD/YYYY enter first day of reporting quarter. Click OK.</p> <p>Step 5. On TO DATE MM/DD/YYYY enter last day of reporting quarter. Click OK.</p> <p>Step 6. On REGION enter 2 digit regional location as xx. Click OK.</p> <p>Step 7. Print report. Grand totals should give you numerator and denominator for your performance indicator. Numerator divided by denominator will result in a percentage calculation.</p>

Scope:	This is regional aggregate data for all waiver types reviewed in the regional sample, including NOW, CC, SW, and ROW participants. The data can also be disaggregated by waiver type, review type, and review question ID# for further drilling down as needed.
Caveats:	SOAs are being uploaded to PS App thus ensuring waiver staff access to current SOAs. SOAs are reviewed, as part of the LOC/POC Quality Review. The LOC/POC remediation form will document any and all remediation attempts (successful or not), justification of the error (if applicable), as well as the completion of remediation. This information can be submitted when figures are questioned or explanations are needed.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: Percentage of Waiver participants discharged from program services due to admission to an institution.

LaPAS PI Code: 24951

Type and Level:	OUTCOME, EFFICIENCY, KEY
Rationale:	Waiver participants with an approved Level of Care/Plan of Care (LOC/POC) live and work in the community with supports rather than in an institution (or another similarly more restrictive and more costly setting). This indicator will help determine whether waiver supports and services will promote participants' health, safety, and welfare in a manner that allows them to successfully maintain themselves in their home and community.
Use:	This indicator will determine the number of waiver participants who were discharged to an institution (or more restrictive setting).
Clarity:	<p>The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below:</p> <p>OCDD = Office for Citizens with Developmental Disabilities CMS = Centers for Medicare & Medicaid Services HCBS = Home & Community Based Services HSAIP = Human Services Accountability & Implementation Plan NOW = New Opportunities Waiver CC = Children's Choice Waiver SW = Supports Waiver ROW = Residential Options Waiver SRI = Statistical Resources, Inc. LAWRRIS = Louisiana Wavier Registry & Recipient Information System</p>

Validity, Reliability and Accuracy:	It is unknown whether this indicator has been audited by Office of Legislative Auditor. The data source, collection, and reporting methods should provide valid, reliable, and accurate data although it is noted that the data entry on the LAWRRIS system is completed by OCDD's data contractor company, Statistical Resources Inc. (SRI) as information is submitted by OCDD regional offices, districts/authorities DD offices, as well as participants and their families
	<u>Data Source:</u> Louisiana Waiver Registry and Recipient Information System (LaWRRIS), which is a secure, web-based database managed by SRI.
Data Source, Collection and Reporting:	<u>Data Collection:</u> Reviews are conducted on a quarterly (fiscal year) basis on 100% of regional Waiver participants tracked through LaWRRIS. Scope of review focuses on the number of discharges from waiver services and the reason for discharge. <u>Reporting:</u> While statewide and regional data can be pulled and tracked at the state level, this particular indicator will be reported quarterly on both LaPAS and HSAIP reports.
Calculation Methodology:	<p>Step 1. Sign into LAWRRIS.</p> <p>Step 2. Click on REPORTS and enter.</p> <p>Step 3. Click on PA CLOSURE REPORT and enter.</p> <p>Step 4. Go to CLOSED ON OR AFTER and put first day as MM-DD-YYYY of reporting quarter.</p> <p>Step 5. Go to TARGET POPULATION and put in a waiver from the drop down menu. You will need to find results for all four waivers (NOW, CC, Supports and ROW-if listed) and will need to look up each separately.</p> <p>Step 6. Go to SORT ORDER and pick either CLOSURE REASON or REGION to choose the order in which you want your list to sort.</p> <p>Step 7. Click RUN to see list of participants closed.</p> <p>Step 8. Click PRINT to print list.</p> <p>Step 9. Repeat for the different waiver programs.</p> <p>Step 10. Manual count of regional closures in this quarter by checking dates, region and closure reason from your printed list. This will result in the number of waiver participants discharged from their waiver. (Numerator)</p> <p>Step 11. To obtain an active number of waiver participants at the end of quarter, request the information from your waiver unit OR run a Clients Current Linkage to Case Management (by region) report in LAWRRIS</p>

	for each waiver type. (Denominator) Numerator divided by denominator will result in a percentage calculation.
Scope:	This is regional aggregate data for all waiver types, including NOW, CC, SW, and ROW participants. The data can also be disaggregated by waiver type.
Caveats:	Discharges from waiver due to admission to an institution may occur for reasons beyond control of the waiver unit or the scope of waiver services. However, events leading up to the discharge can be investigated when figures are questioned or explanations are needed.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Developmental Disabilities Services

OBJECTIVE: Through the Developmental Disabilities Services (DDS) activity, FPHSA will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized, each year through June 30, 2022.

INDICATOR NAME: The total unduplicated number of individuals served through waiver supports and services including New Opportunities Waiver (NOW), Children's Choice Waiver (CC), Supports Waiver (SW), and Residential Options Waiver (ROW).

LaPAS PI Code: 25073

Type and Level:	OUTPUT, GENERAL
Rationale:	Home and Community Based Waiver services aims to serve individuals with developmental disabilities in their home and community settings rather than more restrictive and more costly institutional settings. Waiver services are provided to eligible individuals on a first-come, first-served basis through use of a single, statewide waiver registry mechanism that fills available waiver slots with eligible individuals who choose waiver services at the time of the offer. As the number of waiver recipients served has grown over the last several years, it is important to track this information via reporting mechanisms for trends within the FPHSA catchment area.
Use:	This indicator will determine the total number of unduplicated individuals who received waiver services at any time within a single fiscal year.
Clarity:	<p>The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below:</p> <p>OCDD = Office for Citizens with Developmental Disabilities CMS = Centers for Medicare & Medicaid Services HCBS = Home & Community Based Services NOW = New Opportunities Waiver CC = Children's Choice Waiver SW = Supports Waiver ROW = Residential Options Waiver DD = Developmental Disabilities</p>

	<p>LAWRRIS = Louisiana Waiver Registry & Recipient Information System</p> <p>PA = Prior Authorization</p> <p>WU = Waiver Unit (of FPHSA/DDS)</p>
Validity, Reliability and Accuracy:	<p>It is unknown whether this indicator has been audited by Office of Legislative Auditor. The measure should be valid, reliable, and accurate as the data is collected through a single data system that is already used by OCDD and FPHSA/DDS, as well as official waiver recipient records stored in FPHSA/DDS/WU</p>
Data Source, Collection and Reporting:	<p><u>Data Source:</u> Current & closed Prior Authorizations (PA's) for waiver services (recorded per individual) are obtained through Louisiana Waiver Registry & Recipient Information System (LAWRRIS), which is a secure web-based data system. If necessary, waiver recipient records stored in FPHSA/DDS/WU will also be reviewed and counted.</p> <p><u>Data Collection:</u> Data will be collected on an annual basis by running reports within LAWRRIS.</p> <p><u>Reporting:</u> Data will be reported on an annual basis</p>
Calculation Methodology:	<p>1) At the end of the fiscal year reporting period, log into LAWRRIS. Run the OCDD Limit Report. Scroll to Region 9 table (which is the FPHSA area). Columns entitled "#WVR Total PA's", "# Supp WVR PA's", & "#CC PA's" show the regional total for the number of individuals with a current PA for NOW, CC, & SW waiver services, meaning they are not only linked but they have an approved CPOC and are receiving services. Combine these figures.</p> <p>2) Next, run the Linkage/PA closure report. Specify the start date as the first day of the fiscal year reporting period, and sort by Regions. Scroll down to Region 9 listings. Review the closure reason, and search each individual's PA history to determine if waiver services were rendered at any time during the fiscal year reporting period. Count all individuals with closed PA's who received waiver services.</p> <p>3) As the ROW recipient information may not be visible, the ROW PA's and closed PA's will involve an internal manual-count of persons served in ROW.</p>

	4) Combine all figures above. This should result in an unduplicated count of the total number of individuals served through waiver supports and services in the fiscal year reporting period.
Scope:	This is regional aggregate data for individuals receiving NOW, CC, SW, and ROW. The data can also be disaggregated by waiver type.
Caveats:	The number of individuals served through waiver services is not necessarily a reflection on the productivity and output of FPHSA/DDS/WU, as individuals are served when slots become available through legislative and other processes. As this indicator and its data collection methods are new, there are no known caveats at this time.
Responsible Person:	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email Andrea.Albert@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Percentage of Performance Evaluation System (PES) completed annually.

LaPAS PI Code: 23844

Type and Level:	Outcome/Efficiency - General
Rationale:	This indicator is used to evaluate FPHSA's compliance with Chapter 10 of the Civil Service Rules stipulating that classified employees will receive a timely evaluation and that the PES system is implemented and administered consistently.
Use:	This indicator will be used internally to measure compliance with state policy and to determine whether PES's are being completed by the due date and to address any issues with non-compliance of these rules.
Clarity:	The indicator name clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The data for this indicator is audited by the Louisiana Department of State Civil Service.
Data Source, Collection and Reporting:	The information used for this indicator is entered into LaGov-HCM (formerly known as ISIS-HR) by FPHSA's HR staff. The data contains the number of employees evaluated, the total evaluations by category, the number of evaluations completed timely, and the number of un-rated evaluations for the rating period of July 1st - June 30th of the previous fiscal year. This data is compiled annually for reporting to the Louisiana State Department of Civil Service.
Calculation Methodology:	<u>Numerator:</u> Number of PES evaluations completed by the due date. <u>Denominator:</u> Total number of PES evaluations due.
Scope:	This indicator is aggregated. The information collected consists of agency-wide evaluations completed during a fiscal year. Data can be broken down in several ways such as by supervisor, job title, or facility.

Caveats:	This indicator has limited weaknesses. If the data is not accurately entered into LaGov-HCM, the indicator will not accurately reflect performance.
Responsible Person:	Janet Gordon, HR Specialist, FPHSA Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 janet.gordon@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Percentage of new employees completing mandatory online training courses within 90 days of employment.

LaPAS PI Code: 23847

Type and Level:	Efficiency – Key
Rationale:	This indicator was selected to help to ensure that new FPHSA employees are completing mandatory training within specified time limits.
Use:	This indicator will be used for internal management purposes to assess and improve upon the level of compliance.
Clarity:	The performance indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	The data for this indicator is audited annually by the Office of Risk Management and the Department of State Civil Service.
Data Source, Collection and Reporting:	The data source is reports generated through the Essential Learning online training website and the Louisiana Employees Online (LEO) website that offers online training and maintains training records. Data is evaluated and reported monthly to Executive Administration.
Calculation Methodology:	<u>Numerator:</u> Number of new employees completing mandatory online training courses within 90 days of employment. <u>Denominator:</u> Total number of new employees that should have completed the courses in the current quarter.
Scope:	This indicator is aggregated. The information collected consists of the number of employees completing the required training during the reporting period. Data can be broken down in several ways such as by supervisor, job title, or facility.
Caveats:	This indicator has no known weaknesses. Data is recorded as the training is completed and is stored on the online Essential Learning

	and LEO databases.
Responsible Person:	Janet Gordon, HR Specialist, FPHSA Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 janet.gordon@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Percentage of agency's Performance Indicators within (+ / -) 5 percent of target.

LaPAS PI Code: 23848

Type and Level:	Outcome – Key
Rationale:	This performance indicator can be used to monitor and ensure accuracy of established and/or updated targets.
Use:	If targets are out of variance by (+ / -) 5 percent, it can be further analyzed to determine if a corrective action plan is necessary and can also be used for internal management purposes.
Clarity:	The performance indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	This indicator is reliable because it measures all other actual variance reporting information of the agency's performance indicators.
Data Source, Collection and Reporting:	Data for this indicator is based on outcomes of other agency performance indicators in the Louisiana Performance Accountability System (LaPAS) (external database). Reporting is based on cumulative information collected and reported on a quarterly basis.
Calculation Methodology:	<u>Numerator:</u> Cumulative number of agency performance indicators within (+ / -) 5 percent of target as reported in LaPAS. <u>Denominator:</u> Cumulative number of agency performance indicators reported in LaPAS.
Scope:	Performance indicator is aggregated as it could be broken down further by program areas/activities.
Caveats:	This indicator is solid and not biased as it is based on the outcomes of the other performance indicators in LaPAS.
Responsible Person:	Rachelle Sibley, Accountant Admin., FPHSA-Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 rachelle.sibley@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Executive Administration expenditures as a percentage of agency's budget.

LaPAS PI Code: 23850

Type and Level:	Efficiency – General Performance Information
Rationale:	This indicator provides the current fiscal year executive administration expenditures as a percentage of the agency's fiscal year end budget.
Use:	This indicator can be used as an analysis tool in conjunction with other performance indicators for management decision making.
Clarity:	This indicator clearly defines what is being reported.
Validity, Reliability and Accuracy:	The indicator is stable and accurate because the percentage is based on actual year end information provided in the Integrated Statewide Information System (ISIS) database.
Data Source, Collection and Reporting:	The source of data is ISIS and reporting will be annually.
Calculation Methodology:	<u>Numerator:</u> Total fiscal year-end Executive Administration expenditures <u>Denominator:</u> Total fiscal year-end agency expenditures
Scope:	This indicator is aggregated as it is a percentage of a whole.
Caveats:	Possible weaknesses include potential changes in the type/amount of expenditures coded to Executive Administration as well as human error in data entry into the ISIS database.
Responsible Person:	Rachelle Sibley, Accountant Admin., FPHSA-Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 rachelle.sibley@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Percentage of agency's moveable property accounted for annually.

LaPAS PI Code: 23851

Type and Level:	Type: Quality Level: General Performance Information
Rationale:	This indicator will ensure that property will remain a focus of the agency.
Use:	Will indicate any areas of weak security and job responsibilities of staff. Indicator will be used for internal management purposes.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	Property is audited internally on a quarterly basis. Annual inventory is performed by at least two staff members.
Data Source, Collection and Reporting:	The data source is a list of assets in an external database (Protégé). Data is collected and reported annually.
Calculation Methodology:	<u>Numerator:</u> Total pieces of property located. <u>Denominator:</u> Total number pieces of property.
Scope:	This indicator is aggregated. The indicator measurement can be broken down into property located by facility or by program area.
Caveats:	Possible weaknesses include property existing and inadvertently not being entered into (Protégé); therefore not counted. The source of the data does not have a bias as it is an external database.
Responsible Person:	Rachelle Sibley, Accountant Admin., FPHSA-Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 rachelle.sibley@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Total number of individuals served by Florida Parishes Human Services Authority.

LaPAS PI Code: 23852

Type and Level:	Output – General Performance Information
Rationale:	To provide baseline data for tracking increases, decreases, and demand of services.
Use:	This indicator will be used for internal management purposes to analyze the number served and to monitor/analyze for budget purposes.
Clarity:	This indicator clearly defines what is being measured.
Validity, Reliability and Accuracy:	This indicator is valid, reliable and accurate as reported by various data systems and internal data tracking.
Data Source, Collection and Reporting:	Data is provided from Magellan's Clinical Advisor; Information Tracking system (ITS)-compiled by OCDD and various internal data tracking worksheets. Information is reported within the state fiscal year.
Calculation Methodology:	Sum of individuals served at fiscal year-end as reported by each program activity.
Scope:	This indicator is aggregated as it is the sum of smaller parts.
Caveats:	A potential weakness is that the majority of information is provided by outside sources, however, source of data is not biased.
Responsible Person:	Rachelle Sibley, Accountant Admin., FPHSA-Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 rachelle.sibley@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Percentage of information technology (IT) work orders closed within 6 business days of work request.

LaPAS PI Code: 25534

Type and Level:	Efficiency – Key
Rationale:	To determine the amount of time it takes for the FPHSA IT department to resolve issues submitted on work orders.
Use:	Will be used to show turnaround times for the IT department. The indicator will be used for internal management purposes.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	Work orders are sent through the SysAid system which records the issue, the individual submitting the work order, and the date submitted/closed.
Data Source, Collection and Reporting:	Individual staff submits work orders into the SysAid system. Reporting is cumulative and is done on a quarterly basis.
Calculation Methodology:	<u>Numerator:</u> Number of IT work orders closed within 6 business days of work request. <u>Denominator:</u> Total number of IT work order requests.
Scope:	This indicator is aggregated. The indicator could be broken down further by program area, types of work orders, etc.
Caveats:	None.
Responsible Person:	Trent Myers, Admin Program Director, FPHSA-Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 trent.myers@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Florida Parishes Human Services Authority (FPHSA)

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, FPHSA will increase the efficiency of the operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

INDICATOR NAME: Percentage of contract invoices for which payment is issued within 30 days of agency receipt.

LaPAS PI Code: 25535

Type and Level:	Type: Efficiency Level: Key
Rationale:	To determine the amount of time it takes to have payment issued for contract invoices. It will show the efficiency of invoice processing.
Use:	Will be used to show processing times in each area and where any delays may occur. The indicator will be used for internal management purposes.
Clarity:	The indicator clearly identifies what is being measured.
Validity, Reliability and Accuracy:	Staff date stamp invoices when received and compile the dates that the payments were issued. Information is entered into an internal tracking log.
Data Source, Collection and Reporting:	An internal log is kept of all invoices, including the date of agency receipt and payment issued date that automatically calculates the time lapse between the two. Collection is done daily as invoices are received and paid. Reporting is done on a quarterly basis.
Calculation Methodology:	<u>Numerator:</u> Number of contract invoices for which payment was issued within 30 days of agency receipt. <u>Denominator:</u> Total number of contract invoices forwarded to LDH Payment Management for payment processing.
Scope:	This indicator is aggregated. The indicator could be broken down further by program area, types of contracts, etc.
Caveats:	Possible weaknesses include lack of precision, date stamp not dark enough, manual process, human error factor, etc. The internal log is not biased; however, the manual process of date stamping could be biased.

Responsible Person:	Rachelle Sibley, Accountant Admin., FPHSA- Executive Administration Phone: 985-543-4333 FAX: 985-543-4817 rachelle.sibley@la.gov
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

09-302 CAPITAL AREA HUMAN SERVICES DISTRICT

09-302 PROGRAM A: CAPITAL AREA HUMAN SERVICES DISTRICT

Principle Customers/Users of the Program and Benefits: Persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families, who live in the seven (7) parish area, served by the Capital Area Human Services District, and the broader communities of each parish.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The majority of revenue for Capital Area Human Services District comes from the Department of Health and Hospitals through a Memorandum of Understanding. We are therefore significantly impacted by DHH Program initiatives, as well as restrictions, coming from each DHH Program Office, in regards to funding and utilization of staff time. Negative changes in Medicaid regulations, or reduction to the state in federal block grant dollars, as well as legislative action or gubernatorial executive order reducing appropriation levels in future years, could also impact achievement of goals and objectives.

Methods Used to Avoid Duplication of Effort: One of the most significant aspects of the design of CAHSD is the ability to provide services in an integrated fashion, thereby enhancing efficiency while providing more comprehensive services to clients. All CAHSD (DHH-comparable) Programs report to the same administrative position, and there is a single appropriation, resulting in an integrated service effort, while allowing for the individuality of each program area. It also results in cross-training and exposure of staff across program areas, and facilitates the planning and development of programs from a unified philosophy and perspective. CAHSD committees include representatives of all Program service areas, facilitating the sharing of knowledge, information, and ideas, and stressing the importance of a broader perspective to client care.

Additionally, as an agency governed by representatives of the parishes it serves, CAHSD is more community-focused than many public agencies, and has the advantage of closer knowledge of and integration with local resources/services, thereby minimizing overall community duplication of effort.

Program Evaluations Used to Develop Goals, Objectives and Strategies: There have been a wide variety of input sources into Plan development. In 1997, an extensive period of communication with and survey of consumers, providers, community organizations, and staff resulted in the identification of priority issues, and the barriers to our ability to deliver care and supports in the most efficient manner. There was remarkable similarity in responses across groups, and this initial information still guides much of our annual program development. CAHSD continues to obtain feedback on progress and future goals on an annual basis through our program area advisory boards, consumer surveys, employee surveys, community forums, provider meetings, review of management data, and our own Governing Board whose membership is a result of recommendations from each parish governing body in the District.

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

Maintenance of Agency Performance-Based Budgeting Records

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

Statutory Authority for Goals:

Program Authorization: R.S. 28:902-906; R.S. 28:912-920; R.S. 28:771(D); R.S. 36:254(F); and R.S. 36:258(G).

Goal I. To provide mental health, addiction recovery and developmental disabilities services that consumers, their families and communities want; in a manner that provides them quick and convenient entry into services.

Goal II. To ensure that services provided are responsive to consumer concerns, integrated in service delivery methods, representative of best practice, and consistent with the goals of the Department of Health and Hospitals and its Program Offices.

Goal III. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

Goal IV. To be structurally and functionally prepared to operate clinics in a managed care, managed Medicaid environment within the context of health care reform.

Primary Persons Who Will Benefit from or be Significantly Affected by Objectives: Children, adolescents and adults with serious emotional/behavioral disturbances, addictions and developmental disabilities, their families, and the communities in which they live.

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Percentage of staff Performance Evaluations conducted in compliance with Civil Services guidelines.

LaPAS PI Code: 23989

1. **Type and Level:** Key
2. **Rationale:** Performance Evaluation Ratings are mandated by the Department of State Civil Service Rules, Chapter 10; as an evaluation tool for all classified state employees. Each agency is audited by the Department of Civil Service on their compliance with this rule. Administration (Human Resources) is responsible for ensuring that all supervisory personnel operate within the scope of this rule and CAHSD Policy 415-01 (Performance Planning and Review), and that appropriate actions are taken in instances of non-compliance.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Data is audited electronically by the Department of State Civil Service (DSCS) monthly using the ISIS HR ZP117-Appraisal Report which identifies discrepancies in employee appraisal data calculated by the ISIS HR system when compared to data entered by the agency. The ZP117-Appraisal Report is received by the agency from the DSCS monthly for reconciliation; corrections are made and reported to the DSCS within a week of receipt of notification.
6. **Data Source, Collection and Reporting:** Data indicating employee hire date and annual performance appraisal date is entered into the State of Louisiana ISIS HR system by the Agency as employees are hired. The ISIS HR ZP 117-Appraisal Report which cross references Agency dates with the ISIS HR system calculated annual performance appraisal dates is processed and distributed to the agency by the DSCS monthly.
7. **Calculation Methodology:** The indicator is calculated by dividing the total number of appraisals conducted within Civil Service guidelines by the total number of appraisals that should have been conducted by the agency to determine the overall percentage of appraisals conducted in compliance with the guidelines.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Department of State Civil Service; it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator, Telephone: 225-922-0004
Email: Adina.Collins@La.Gov Fax: 225-362-5319

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Percentage of state assets in the Asset Management system located/accounted for annually.

LaPAS PI Code: 23990

1. **Type and Level:** Key
2. **Rationale:** State owned assets (property) are required by State Law to be tracked in the Asset Management System (Louisiana web based Asset Tracking). Each year, this system is reconciled through physical inventory requiring actual site inspection of each item of property to ensure the proper safeguarding of the State's assets by every CAHSD employee. This report is then submitted to the Louisiana Property Assistance Agency (LPAA) within the Division of Administration (DOA) for review and approval. Agencies with a more than 5% margin of error (failure to locate) will have their annual certification denied by the LPAA and will be reported to the Louisiana Legislative Auditor (LLA) for review.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator is audited by the LPAA annually in July with the most recent audit in July 2015 being accepted; it is also audited by the LLA during our bi-annual audit with the most recent audit in June 2015 resulting in one findings.
6. **Data Source, Collection and Reporting:** Data is collected by the Department of Health and Hospitals monthly using the State of Louisiana ISIS purchasing system to identify purchases that meet the State's description of state asset/property. This data is submitted to the agency and reconciled to the Asset Management System for the prior month. The physical property inventory is reconciled to the Asset Management System data annually in July and reported to the LPAA.
7. **Calculation Methodology:** The indicator is calculated by dividing the total number of items (property) located during the annual physical inventory into the total number of items (property) recorded in the Asset Management System to determine the overall percentage of items located or accounted for annually.
8. **Scope:** While this indicator is reported on this agency as a standalone to the LPAA; it is aggregated into the Department of Health and Hospitals' overall physical inventory and the state-wide data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Percentage score on annual Civil Service ISIS Human Resources Data Integrity Report Card

LaPAS PI Code: 23991

1. **Type and Level:** Key
2. **Rationale:** The Department of State Civil Service (DSCS) Rules govern personnel practices and are binding for state classified employees in all state agencies and departments. The DSCS Accountability Division audits agency compliance by processing reports in the State's ISIS HR system. Non-compliance by agencies is reported to the Civil Service Commission and/or the Legislative Auditor for corrective action.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Data is audited electronically by the Department of State Civil Service (DSCS) monthly using various ISIS HR Reports (ZP 44-Contract Audit Report, ZP 135-Flexible Employee Data Report, ZP 28-Detail to Special Duty Report, ZX 02-Mismatch Report) to ensure that agencies are operating in compliance with established Civil Service and ISIS HR rules and regulations. These reports are received by the agency from DSCS monthly for reconciliation; corrections are made and reported to the DSCS within a week of receipt of notification.
6. **Data Source, Collection and Reporting:** Employee data is entered into the State of Louisiana ISIS HR system by the Agency upon hire and throughout the employee's tenure tracking all changes in the employee's status (i.e. hire date, hire status (probational, job appointment, transfer in permanent status, etc.), merit date, promotion, demotion, termination, detail to special duty, name change, etc.). Reports which cross reference Agency data with ISIS HR system data are processed and distributed to the agency monthly by the DSCS.
7. **Calculation Methodology:** The indicator is calculated by dividing the overall DSCS ISIS Human Resource Data Integrity Report Card data score by the Performance Standard.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Department of State Civil Service; it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Percentage of LaPAS indicators that meet target within (+/-) 4.9% or exceed target

LaPAS PI Code: 23992

1. **Type and Level:** Key
2. **Rationale:** The Office of Planning and Budget (OPB) in the Division of Administration (DOA) makes recommendations for appropriation of state funds based on Performance-based Budgeting (PBB). The OPB uses the Louisiana Performance Accountability System (LaPAS), which tracks performance standards and actual performance information for Louisiana's state departments and agencies, as their basis for these recommendations to the Legislature.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Data is audited electronically by the OPB quarterly using the LaPAS system.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using various electronic databases (Office of Mental Health Information Systems-Aramis and OMHIS, Office of Addictive Disorders Information System-LADDs, Office for Citizens with Developmental Disabilities Information System-ITTS); gathered on a quarterly basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of performance indicators meeting the above standard will be divided by the total number of performance indicators being reported on.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Division of Administration, Office of Planning and Budget; it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity.

LaPAS PI Code: 23993

1. **Type and Level:** Key
2. **Rationale:** “The Legislative Auditor serves as the watchdog of public spending, overseeing more than 3,500 audits of state and local governments and their related quasi-public enterprises.” The LLA conducts independent financial and performance audits of the State’s agencies to find ways to improve government and identify critical issues to protect public resources and tighten government control systems.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocation.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The reporting data for this indicator will be taken directly from the Louisiana Legislative Auditor’s Report.
6. **Data Source, Collection and Reporting:** Louisiana Legislative Auditor Report.
7. **Calculation Methodology:** The total number of findings in the Louisiana Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Louisiana Legislative Auditor, it is aggregated into the Department of Health and Hospitals’ overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting that they had choice in the services they received.

LaPAS PI Code: 15703

1. **Type and Level:** Supporting
2. **Rationale:** Services that are outcome driven are person-centered or individualized. Providing choices in supports through offering an array of services and allows the consumer to select those services that meet their own individualized needs. Person-Centered, outcome-based services are consumer-driven; thus, empowering consumers and their families to select options to support consumers in meeting their personal goals.
3. **Use:** This indicator will be used to assess service quality per the rationale noted above.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The indicator is based on information obtained in the National Core Indicators survey, completed annually on a statewide basis by a private corporation contracted by OCDD. Rigorous procedures are undertaken to insure the reliability, validity, and accuracy of the data including randomization of the sample, standardized survey procedures, and standardized survey questions. To reduce any potential for positive or negative bias in individual responses to the survey items, interviews are conducted face to face by trained interviewers, and standardized preparation occurs for participants.
6. **Data Source, Collection and Reporting:** Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.
7. **Calculation Methodology:** Total number of survey participants/number of participants responding "yes" to survey item (choice in services)
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting they had overall satisfaction with the services received.

LaPAS PI Code: 15704

1. **Type and Level:** Supporting
2. **Rationale:** This indicator is an assessment of service quality based on the reports of program participants regarding their satisfaction with their services.
3. **Use:** This indicator is utilized to assess service quality and reflects the effectiveness in meeting expectations of individuals served.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The indicator is based on information obtained in the National Core Indicators survey, completed annually on a statewide basis by a private corporation contracted by OCDD. Rigorous procedures are undertaken to insure the reliability, validity, and accuracy of the data including randomization of the sample, standardized survey procedures, and standardized survey questions. To reduce any potential for positive or negative bias in individual responses to the survey items, interviews are conducted face to face by trained interviewers, and standardized preparation occurs for participants.
6. **Data Source, Collection and Reporting:** Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of “yes” responses to the survey item (overall satisfaction) by the total number of survey participants
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals’ overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting that the Individual and Family Support services contributed to maintaining themselves or their family member in their own home.

LaPAS PI Code: 15707

1. **Type and Level:** Key
2. **Rationale:** The ultimate outcome goal for community-based services is to support persons with disabilities to live in the least-restrictive environment to meet their service needs versus in a residential or institutional setting. This indicator assesses the Individual and Family Supports program's effectiveness in meeting this service outcome.
3. **Use:** This performance indicator is used to assess service outcome.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The data is compiled as a part of annual National Core Indicators survey that is completed by a private research corporation for the Office for Citizens with Developmental Disabilities. Rigorous procedures are undertaken to ensure reliability, validity, and accuracy of the data including sample randomization, standardized interview questions, and standardized survey and interview procedures to avoid potential bias.
6. **Data Source, Collection and Reporting:** Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.
7. **Calculation Methodology:** total number of persons interviewed in NCI study/total number of persons who answered "yes" to survey item
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Total Persons Served

LaPAS PI Code: 25518

1. Type and Level: Supporting

- 2. Rationale:** The ultimate outcome goal for community-based services is to support persons with disabilities to live in the least-restrictive environment to meet their service needs versus in a residential or institutional setting. This indicator assesses the Individual and Family Supports program's effectiveness in meeting this service outcome.
- 3. Use:** This performance indicator is used to assess service outcome.
- 4. Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
- 5. Accuracy, Maintenance, Support:** Data is inputted into the Participants Services Database (PSD) and is audited monthly by the Community Service Specialist Supervisors and quarterly by the Assistant Community Services Regional Administrator who also reconciles the information in PSD with the CAHSD Family Supports Database to insure reliability.
- 6. Data Source, Collection and Reporting:** Data source is the number of individual agreements and contracts and number of service requests per the PSD is collected and compared with total number of family supports service applications. It is reported monthly to OCDD and in quarterly reports to LAPAS.
- 7. Calculation Methodology:** Number of Individuals Receiving ID/DD Services is calculated based upon data pulled from Participants Services Database (PSD) and the CAHSD Family Supports Database.
- 8. Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
- 9. Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
- 10. Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Number of available Family Flexible Fund slots

LaPAS PI Code: 11189

1. **Type and Level:** General
2. **Rationale:** The Flexible Family Fund program was implemented in order to offset the cost of keeping a child with a severe or profound disability in the home of the caregiver. This indicator assures that CAHSD is in compliance with the state's requirements for dissemination of Flexible Family Fund funding and is providing the service to the targeted number of program recipients
3. **Use:** This indicator will be used to ensure that all available funds allocated to the Flexible Family Fund program are disseminated according to Flexible Family Fund law.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Data are tabulated monthly, and subject to quarterly internal audit by the Flexible Family Fund Director and Assistant CSRA. Office for Citizens with Developmental Disabilities State Office completes an external annual audit and review. ITS and CAHSD DD Flexible Family Fund are reconciled monthly to insure data reliability, validity and accuracy.
6. **Data Source, Collection and Reporting:** Data from the Regional Individual Tracking System (ITS), and from the CAHSD Flexible Family Fund Database (including individuals with Flexible Family Fund contracts, the total amount of funding allocated per individual, and the actual funding disbursed) are reviewed and reported to the Office for Citizen's with Developmental Disabilities State Office on a monthly and quarterly basis.
7. **Calculation Methodology:** One slot = \$3,096; Number of slots allocated = 201; $201 \times \$3,096$ = amount of money in the budget to fund the slots. The amount encumbered/\$3,096 = number of slots filled. Number of slots allocated – number of slots filled = Number of Available Flexible Family Fund Slots
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Amount of Family Flexible Fund stipend per person per month

LaPAS PI Code: 11198

1. **Type and Level:** General
2. **Rationale:** The Flexible Family Fund program was implemented in order to offset the cost of keeping a child with a severe or profound disability in the home of the caregiver. This indicator assures that CAHSD is in compliance with the state's requirements for dissemination of Flexible Family Fund funding so that the participants receive the maximum benefit from the program.
3. **Use:** This indicator will be used to ensure that the amount of Flexible Family Funds is consistently disseminated to program participants in the standardized amount.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Flexible Family Fund contracts and expenditures are audited monthly by CASHD Developmental Disabilities Flexible Family Fund Supervisor and the Community Services Regional Administrator. Expenditures are also audited by the CAHSD Administrative Division. An annual audit is conducted by the Office for Citizens with Developmental Disabilities (OCDD).
6. **Data Source, Collection and Reporting:** The data for this indicator is gleaned from the individual Flexible Family Fund contracts. The amount of the Flexible Family Fund stipend is tracked via the CAHSD Developmental Disabilities Flexible Family Fund database by the Flexible Family Fund Community Service Specialist and is audited on a monthly basis by CASHD Administration Division. Data is also audited quarterly by the Flexible Family Fund Supervisor and annually by Office for Citizens with Developmental Disabilities. This indicator is calculated and reported on a monthly basis to internal (CAHSD) and external (OCDD) sources. The indicator is reported quarterly to OCDD and LAPAS.
7. **Calculation Methodology:** total annual contracted amount/# of months = \$258.00
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

10. Responsible Person: Adina Collins, Accountant Administrator
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Number of persons determined eligible for Intellectual Disability/Developmental Disabilities (ID/DD) services, but not yet receiving services.

LaPAS PI Code: 15712

1. **Type and Level:** General
2. **Rationale:** In order for ID/DD services to have a positive impact on the lives of consumers, those who request services must actually receive the services. This indicator notes the number of persons in CASHD who are eligible for MR/DD services that are currently not served or benefitting from the statewide service system.
3. **Use:** This indicator will be used to gauge the number of ID/DD eligible persons who requested family supports and did not receive the services.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Data is inputted into the Participants Services Database (PSD) and is audited monthly by the Community Service Specialist Supervisors and quarterly by the Assistant Community Services Regional Administrator who also reconciles the information in PSD with the CASHD Family Supports Database to insure reliability.
6. **Data Source, Collection and Reporting:** Data source is the number of individual agreements and contracts and number of service requests per the PSD is collected and compared with total number of family supports service applications. It is reported monthly to OCDD and in quarterly reports to LAPAS.
7. **Calculation Methodology:** Number of Individual Family Supports Service Requests Received and Deemed Eligible for ID/DD services – Number of Individuals Receiving ID/DD Services = Number of persons determined eligible for ID/DD services, but not yet receiving services.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Nurse Family Partnership

OBJECTIVE: Through the Nurse Family Partnership activity, CAHSD will provide home visiting to 100% of participating first time, low-income mothers.

INDICATOR NAME: Total number of home visits completed

LaPAS PI Code: 25074

1. **Type and Level:** Key
2. **Rationale:** The indicator measures the total number of completed home visits performed by the Nurse Family Partnership (NFP) program. It is the quantifiable unit of service used to measure program and nurse level efficiency and productivity.
3. **Use:** This indicator will be one of several tools used to measure nurse and program productivity, to determine reimbursement and for performance based budgeting purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Number of home visits is collected and reported through the Efforts to Outcomes (ETO), a national database used by all NFP Programs. Each NFP site enters data into the national ETO database. Quality assurance measures include review of ETO reports, Louisiana NFP internal reports, and nurse itineraries, and client record documentation.
6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP ETO database at the site after each encounter. Data is entered daily into the ETO database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the ETO database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the ETO system.
7. **Calculation Methodology:** Sum of all home visit encounters on families served through the Nurse-Family Partnership as tracked through NFP database entries.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Nurse Family Partnership

OBJECTIVE: Through the Nurse Family Partnership activity, CAHSD will provide home visiting to 100% of participating first time, low-income mothers.

INDICATOR NAME: Number of families served in program

LaPAS PI Code: 25075

1. **Type and Level:** Key
2. **Rationale:** The indicator measures the total number of families that received services from the Nurse Family Partnership (NFP) program. It is the quantifiable number of families used to measure program and nurse level efficiency and productivity.
3. **Use:** This indicator will be one of several tools used to measure nurse and program productivity, to determine reimbursement and for performance based budgeting purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Number of families served is collected and reported through Efforts to Outcomes (ETO), a national database used by all NFP Programs. Each NFP site enters data into the national ETO database. Quality assurance measures include review of ETO reports, Louisiana NFP internal reports, and nurse itineraries, and client record documentation.
6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP ETO database at the site after each encounter. Data is entered daily into the ETO database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the ETO database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the ETO system.
7. **Calculation Methodology:** Sum of all families served (with patients served) through the Nurse-Family Partnership.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage of total children/adolescents admitted for mental health services who are served within their parish of residence.

LaPAS PI Code: 7925

1. **Type and Level:** Key
2. **Rationale:** CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. CAHSD has established school-based and/or satellite services in every parish so that as many children as possible can be served in their own community. Proximity of services to school, home and work makes it easier for families to participate in treatment.
3. **Use:** The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** The data source used to collect this information is an admissions logbook where every child admitted is assigned a case number from the book. Along with the case number, the parish of residence is logged in at the time of admission and it is noted "yes" or "no" if a child is served in their parish of residence.
7. **Calculation Methodology:** The percentage of the total children/adolescents admitted who are served in their parish of residence is calculated by doing a manual count of those admissions noted as a "no" (child not served in their parish of residence) and that number is then subtracted from the total number of admissions for the quarter. That number (number served in their parish of residence) is then divided by the total number of admissions for the quarter to get the percentage of the total children/adolescents admitted served in their parish of residence.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage of total children/adolescents admitted for addiction recovery services who are served within their parish of residence.

LaPAS PI Code: 11142

1. **Type and Level:** Key
2. **Rationale:** CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. In order to provide better access to services, we have established school-based and/or satellite services in every parish so that as many children as possible can be served in their own community. Proximity of services to school, home and work makes it easier for families to participate in treatment.
3. **Use:** The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** The data source used to collect this information is an admissions logbook where every adolescent admitted is logged in to the book. The parish of residence is logged in at the time of admission and it is noted "yes" or "no" if a child is served in their parish of residence.
7. **Calculation Methodology:** The percentage of the total children/adolescents admitted who are served in their parish of residence is calculated by doing a manual count of those admissions noted as a "no" (child not served in their parish of residence) and that number is then subtracted from the total number of admissions for the quarter. That number (number served in their parish of residence) is then divided by the total number of admissions for the quarter to get the percentage of the total children/adolescents admitted served in their parish of residence.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

10. Responsible Person: Adina Collins, Accountant Administrator
Telephone: 225-922-0004 **Email:** Adina.Collins@La.Gov **Fax:** 225-362-5319

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage increase in desired knowledge, perceptions, resilience and behaviors related to youth substance use and measured by Prevention Impact Score.

LaPAS PI Code: 15713

1. **Type and Level:** General
2. **Rationale:** The Office of Addictive Disorders in the Department of Health and Hospital makes recommendation for appropriation of state funds based on achieving a 5% increase in positive attitude of non-use of drugs or substances by providing evidence-based prevention curriculum and/or Center for Substance Abuse Prevention (CSAP) strategies.
3. **Use:** The indicator will be used as a tool to determine the percentage of increase in positive attitudes towards the non-use of drugs or substances by child/adolescent age 12-17.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Performance Indicator is reported annually. This report includes pre/post scores and is provided by the contractor. The information is then reviewed for accuracy by the prevention program monitors.
7. **Calculation Methodology:** The percentage of increase is determined by calculating the pre-survey score for each child/adolescent at the beginning of the program and dividing it into the post-survey score for each child/adolescent after completing the program to determine the percentage of increased positive attitudes.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Adina Collins, Accountant Administrator
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09-302 DHH/Capital Area Human Services District PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage of persons provided services by Child Mobile Outreach reporting that services helped maintain them or their family member in their home; avoiding unnecessary hospitalization or removal.

LaPAS PI Code: 23999

1. **Type and Level:** Supporting
2. **Rationale:** Child Mobile offers mobile, intensive, in-home/community-based services conducted by multi-disciplinary teams. Provides a full range of effective mental health care in collaboration with other local agencies. While these programs are not ACT programs and do not contain all of the necessary elements of such, they are created using the general basis for intensive case management of an ACT program. Outcome measures assessing the individuals' clinical status and recover process, including school attendance, involvement with legal system, overall functioning, risk behaviors and symptom severity are used to evaluate the program's success.
3. **Use:** For internal management and performance-based budgeting purposes. Community based services tends to incur considerably lower costs compared to hospital care. One study conducted by Gary R. Bond PhD and Michelle P. Salyers, PhD. in 2004 indicated that "compared with a mean of 101.8 days (SD=113.3) hospitalized during the year prior to ACT admission, clients averaged 57.8 days (SD=94.8) during the year after admission, $t=8.61$, $P<.001$, a 43% reduction."
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** A spreadsheet will be used to capture and calculate the number of children served in a six month period including numbers of those who were sent to a psychiatric hospital, detention or removed from the home by the authorities (Office of Community Services or Office of Juvenile Justice).
7. **Calculation Methodology:** The total number of children removed or placed outside the home will be calculated and subtracted from the total number of children served during the six month period. That number will be divided by the total number of children served to obtain the percentage of children maintained in the home setting during the six month period.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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References: (1) Mueser KT, Bond GR, Drake RE, Resnick SG. Models of community care for severe mental illness: a review of research on case management. Schizophr Bull 1998;24:37-74.; (2) Bond GR, McGrew JH, Fekete DM. Assertive outreach for frequent users of psychiatric hospitals; a meta-analysis. J Ment Health Adm 1995;22:4-16.; (3) Burns BJ, Santos AB. Assertive community treatment: an update of randomized trials. Psychiatr Serv 1995; 46:669-75.

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage reduction of problem behaviors (suspension, expulsion and truancy) by providing behavioral health services in the school setting.

LaPAS PI Code: 24000

1. **Type and Level:** Supporting
2. **Rationale:** The indicator was selected because The National Assembly on School-Based Health Care has proposed that researchers might have the greatest likelihood of demonstrating the impact of SBHCs upon educational behaviors – suspension rates, expulsions, and indicators of attendance – rather than more distal educational outcomes such as grades or test scores.
3. **Use:** The indicators will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by Office of Legislative Auditor. However, the data is extrapolated from the Louisiana Department of Education Student Information System (SIS) which develops and maintains that there is a standardized definition for each data element. Therefore, the data should be valid, reliable and accurate across parishes throughout the state. The SIS has a data dictionary that defines all data elements so the problem behaviors are measured and reported identically throughout the state.
6. **Data Source, Collection and Reporting:** The data is collected from the school system's database which is an external database. The data is gathered monthly on the 10th of each month for the previous month. It is consistently reported on a school year basis on the 10th of each month.
7. **Calculation Methodology:** The National Assembly on School-Based Health Care has proposed that researchers might have the greatest likelihood of demonstrating the impact of SBHC upon educational behaviors – suspension rates, expulsions, and indicators of attendance – rather than more distal educational outcomes such as grades or test scores. Due to the novelty of research tracking "educational problem behaviors", there currently are no standard methods of calculating these indicators. Our program measures both suspensions and truancy monthly by calculating the percent of students currently enrolled in the program experiencing a decrease in problem behaviors from the previous month. Percent decrease equal clients improving behavior from Month 1 to Month 2) divided by clients showing problem behavior during Month 1. Expulsion intervention is measured monthly by calculating the percent of expulsions successfully prevented by therapist intervention at disciplinary hearings. Percent success equal expulsions prevented divided by expulsion hearings attended. Since the School Based Therapy Program is the only program specifically focused on addressing these "educational problem behaviors"; this method of calculation is not used by other CAHSD programs.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of children/adolescents admitted per year who are provided publicly supported behavioral health services in their parish of residence.

LaPAS PI Code: 24001

1. **Type and Level:** General
2. **Rationale:** CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. In order to provide better access to services, we have established school-based and/or satellite services in every parish so that as many children as possible can be served in their own community. Proximity of services to school, home and work makes it easier for families to participate in treatment.
3. **Use:** The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** The data source used to collect this information is an admissions logbook where every child admitted is assigned a case number from the book. Along with the case number, the parish of residence is logged in at the time of admission and it is noted "yes" or "no" if a child is served in their parish of residence. The data is collected annually.
7. **Calculation Methodology:** The number of children/adolescents for this indicator is calculated by doing a manual count of those admissions noted as a "yes" (child served in their parish of residence) in the admissions logbook. The total number of children is reported.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of children/adolescents admitted per year for behavioral health services.

LaPAS PI Code: 24002

1. **Type and Level:** General
2. **Rationale:** Children' Behavioral Health Services clinic serves children ages 6-18 with emotional-behavioral and/or substance abuse disorders. Children are evaluated and provided treatment in an integrated, comprehensive system of care. Families are served in their parish of residence whenever possible. By tracking the number of children admitted to the program each year, we can assess how many children we are reaching in this population.
3. **Use:** This indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that we are serving the population well. The numbers can be compared to previous years so that we can gauge progress.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** The data source for this indicator is the Electronic Health Record system. Admission information is entered on every client at the time of admission. Admission reports showing the total number of admissions for each clinic are generated. Reports are obtained from the system in mid-July for the previous fiscal year.
7. **Calculation Methodology:** The total of the reports from all clinics will be added together to get the number of children/adolescents admitted per year for behavioral health services.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of parishes with parish-domiciled public behavioral health services for children/adolescents.

LaPAS PI Code: 24003

1. **Type and Level:** General
2. **Rationale:** CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. In addition to the main clinic site in East Baton Rouge, school-based programs have been established in every parish served and satellite clinics in West Baton Rouge and Iberville. Many of the children/adolescents residing outside of East Baton Rouge can be seen in schools or clinics in their own communities providing more access to services.
3. **Use:** The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Children's Behavioral Health Services' main clinic site is located at 4615 Government St in Baton Rouge, with two satellite clinics located in West Baton Rouge and Iberville at the Public Health Units, Children's services at Gonzales Mental Health Center and Donaldsonville and school-based has 33 sites spread throughout the seven (7) parishes within the District (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana).
7. **Calculation Methodology:** Total number of parishes served by the CAHSD with behavioral health services.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of child/adolescent substance abuse primary prevention programs offered.

LaPAS PI Code: 11321

1. **Type and Level:** General
2. **Rationale:** The Office of Addictive Disorders in the Department of Health and Hospital makes recommendation for appropriation of state funds based on the total number of evidence based programs offered in Capital Area Human Services District.
3. **Use:** The indicator will be used as a tool to determine the total number of evidence based prevention programs offered in Capital Area Human Services District.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis by contract providers and entered into Prevention Management Information System (PMIS) monthly and reviewed for accuracy by prevention program monitors.
7. **Calculation Methodology:** The total number of prevention programs offered can be found on the program/provider activity report in Prevention Management Information System at the start of each fiscal year, each provider enters evidence based programs that will be provided by the contract.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of parishes in which child/adolescent substance abuse primary prevention programs exist.

LaPAS PI Code: 11323

1. **Type and Level:** General
2. **Rationale:** The Office of Addictive Disorders in the Department of Health and Hospital makes recommendation for appropriation of state funds to ensure that prevention programs are offered in each of the 7 parishes (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana) within the District at the beginning of each contract year.
3. **Use:** The indicator will be used as a tool to determine if there is a prevention program in all 7 parishes in the CAHSD.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Each prevention program is registered and assigned a facility ID number through OAD. The Facility ID Request form includes the name of the parish where the program is offered and the form is collected by the DHH-Office of Addictive Disorders.
7. **Calculation Methodology:** The Facility ID Request form has 11 items (# 11 Parish of facility) which is completed by the prevention program monitor and returned to OAD. By completing this form, it is verified that prevention programs exists in each parish.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

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INDICATOR NAME: Percentage of child/adolescent mental health prevalence population served.

LaPAS PI Code: 15687

1. **Type and Level:** General
2. **Rationale:** Capital Area Human Services District has historically served 10 % to 12% of the estimated number of child/adolescents in the population in behavioral health crisis and/or with serious emotional disturbance. Due to the prevalence of individuals in crisis or with serious emotional disturbance, it is imperative that behavioral health services are available to the estimated prevalence population.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Service is meeting its LaPas performance-based budgeting measures. This indicator will be used internally as one of several tools by CAHSD Administration to determine if CAHSD's Children's Behavioral Health Services is serving an adequate percentage of the prevalence population.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Office of Mental Health provides data for this indicator and ensures the data to support the indicator is valid, reliable and accurate.
6. **Data Source, Collection and Reporting:** Office of Mental Health provides the data for this indicator and generates a report on the % of child/adolescents mental health prevalence population served by CAHSD.
7. **Calculation Methodology:** % of prevalence population served equals the number of child/adolescents in behavioral health crisis and/or with serious emotional disturbances served divided by estimated number of child/adolescents in population with behavioral health crisis and/or serious emotional disturbances multiplied by 100.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Total children/adolescents served

LaPAS PI Code: 24004

1. **Type and Level:** General
2. **Rationale:** We are tracking the total number of children receiving behavioral health treatment through outpatient clinics, school based clinics and crisis programs. This shows the comprehensive nature of our services provided to children ages 0-18. Louisiana reported 1,079,560 children residing in the state during the year of 2007 with 5,140 living in foster care, 4,661 in the custody of the judicial system and 3,915 admitted into foster care. In addition to providing clinic outpatient services, CAHSD provides outreach, mobile crisis assessments and intervention (Child Mobile Outreach) to children residing in the seven parishes in the CAHSD catchment area in homes and other community areas including schools. This service measures efficacy as evidenced by a significant reduction in unnecessary hospitalizations from 20 children (8%) to 5 children (2%) in 2009; with increasing numbers of triages and assessments.
3. **Use:** The indicator will be used for internal management purposes to increase interagency and community collaborations and positive consumer outcomes.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Total number of children/adolescents served in the clinics is obtained through the Electronic Health Record system, the database that holds information on all clinical services provided to clients.
7. **Calculation Methodology:** Reports on the total number of children/adolescents served are obtained from the Electronic Health Record system for each clinic annually and added together to get the total number served by the Children's Behavioral Health Services system of care.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth and their families, ensuring that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Average cost per person served in the community.

LaPAS PI Code: 24005

1. **Type and Level:** General
2. **Rationale:** This indicator assists with the capture and comparison of operational costs for same and similar services throughout the Department of Health and Hospitals to ensure that mandated services are being provided in a cost effective and efficient manner.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** All data for this particular indicator is taken from Electronic Health Record system and the State of Louisiana ISIS-AFS (Advantage Financial System) annually.
7. **Calculation Methodology:** Total cost for annual operation of all programs/services included in the Children's Behavioral Health Services Activity divided by the total number of children service during an entire Fiscal Year cycle (July 01 through June 30).
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Annual percentage of adults reporting satisfactory access to services

LaPAS PI Code: 15683

1. **Type and Level:** Supporting
2. **Rationale:** The Commission on Accreditation of Rehabilitation Facilities (CARF) requires that its accredited agencies obtain input from persons served and other stakeholders. The CAHSD meets this standard for persons served through use an annual Consumer Satisfaction Survey to assess and measure consumer satisfaction with services and to identify areas to improve access to service.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health facilities are meeting its LaPas performance-based budgeting measures and will be used internally to monitor consumer satisfaction with access to service. The annual report from the consumer satisfaction survey results will be reviewed by the Medical Staff Organization, Executive Management Team, and the Governing Board to identify areas to improve consumer satisfaction with access to service.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The survey instrument and methodology was developed by CAHSD leadership in consultation with Louisiana State University research scientists from the departments of political science and social work. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process was facilitated by utilization of an optical scanner. Data is analyzed by utilizing various statistical methods conducted by Louisiana State University Consultants in the area of research and program evaluation.
6. **Data Source, Collection and Reporting:** Data is gathered by distributing consumer satisfaction surveys during a designated time period to consumers who have been receiving services for a specified length of time. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process is facilitated by utilization of an optical scanner. Data is analyzed and a report compiled by Louisiana State University research scientists contracted by CAHSD.
7. **Calculation Methodology:** The indicator is calculated by adding the mean average scores of all adults surveyed who respond “agree” & “agree strongly” to questions such as “The waiting time between my first telephone call and first treatment session was reasonable”; “I have been able to get an appointment time that is convenient to my work/home schedule”; “I get to see my social worker/counselor often enough; and “I get to see the doctor often enough to address needs associated with my reason for coming to the clinic”.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals’ overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
Telephone: 225-922-0004 Email: Adina.Collins@La.Gov Fax: 225-362-5319

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Annual percentage of adults reporting positive service quality.

LaPAS PI Code: 15684

1. **Type and Level:** Supporting
2. **Rationale:** The Commission on Accreditation of Rehabilitation Facilities (CARF) requires that its accredited agencies obtain input from persons served and other stakeholders. The CAHSD meets this standard for persons served through use an annual Consumer Satisfaction Survey to assess and measure consumer satisfaction with services and to identify areas to improve access to service.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health facility activity is meeting its LaPas performance-based budgeting measures and will be used internally to monitor consumer satisfaction with service quality. The annual report from the consumer satisfaction survey results will be reviewed by the District- Wide Quality Council, Medical Staff Organization, Executive Management Team, and the Governing Board to identify areas to improve consumer satisfaction with service.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The survey instrument and methodology was developed by CAHSD leadership in consultation with Louisiana State University research scientists from the departments of political science and social work. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process was facilitated by utilization of an optical scanner. Data is analyzed by utilizing various statistical methods conducted by Louisiana State University Consultants in the area of research and program evaluation.
6. **Data Source, Collection and Reporting:** Data is gathered by distributing consumer satisfaction surveys during a designated time period to consumers who have been receiving services for a specified length of time. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process is facilitated by utilization of an optical scanner. Data is analyzed and a report compiled by Louisiana State University research scientists contracted by CAHSD.
7. **Calculation Methodology:** The indicator is calculated by adding the mean average scores of all adults surveyed who respond "agree" & "agree strongly" on question #23 of the survey which states "Overall I am satisfied with my care here."
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of clients successfully completing outpatient treatment program (Addiction Recovery Services).

LaPAS PI Code: 9976

1. **Type and Level:** Key
2. **Rationale:** Addictions impacts many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.
3. **Use:** This indicator will be used as one of several tools to determine if CAHSD's Center for Adult Behavioral Health's Addiction Recovery Services is adequately meeting the needs of individuals admitted for outpatient treatment. Data collected will be reported to the CAHSD Executive Management Team quarterly to assure services are adequate and to assist management in making decisions on staffing assignments, identification of training needs and allocation of resources.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on a quarterly basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The indicator is calculated by adding the number of individuals terminated from outpatient treatment who have demonstrated significant improvement or marginal improvement and dividing by the total number of individuals terminated from treatment.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of persons successfully completing residential addictions (CARP 28 day inpatient) treatment program.

LaPAS PI Code: 11284

1. **Type and Level:** Key
2. **Rationale:** Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD management in determine if the residential inpatient treatment program is providing quality treatment to individuals admitted to this level of care. Data collected will be reported to the Executive Management Team quarterly to assist management in making decisions on staffing assignments, resource allocations and effectiveness of treatment.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on a quarterly basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** This indicator is calculated by adding the number of individuals terminated from residential addictions treatment who demonstrated significant improvement or marginal improvement at the time of discharge and dividing by the total number of individuals terminated from treatment.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of adults with major mental illness served in the community receiving new generation medication.

LaPAS PI Code: 15680

1. Type and Level: Supporting

- 2. Rationale:** “Atypical” antipsychotics represent a new generation of antipsychotics and are considered the first line treatment and evidenced-based practice in the treatment for schizophrenia. Research indicates that use of atypical antipsychotic decreases the propensity of these agents causing Extrapyramidal Side Effects (EPS) and an absence of sustained prolactin elevation. Capital Area Human Services District monitors the % of those adult clients with major mental disorders who receive new generation medication since this is the first line treatment for major mental illness and an evidenced-based practice.
- 3. Use:** This indicator will be used both externally and internally. It will be used externally as one of several tools to determine if Adult Behavioral Services is meeting its LaPas performance-based budgeting measures and will be used internally to monitor the percentage of CAHSD consumers with major mental disorders who are receiving atypical antipsychotics. This information will be reported quarterly by the contracted pharmacy (QoL-Quality of Life) for review by the Medical Staff Organization and Executive Management Team to identify areas of improvement.
- 4. Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
- 5. Accuracy, Maintenance, Support:** All prescriptions written by CAHSD physicians and filled by the contracted pharmacy (QoL) are checked for accuracy when entered into the data base and prior to the medication being dispensed to the client by QoL licensed pharmacists.
- 6. Data Source, Collection and Reporting:** This data comes from the QoL’s pharmacy software program which tracks medications prescribed and prescriptions written by the medical staff. QoL Pharmacy staff enters the prescription information into their data base.
- 7. Calculation Methodology:** This indicator is calculated by dividing the number of Atypical medication prescriptions dispensed by the total number of prescriptions dispensed.
- 8. Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals’ overall compliance and state-wide compliance data as a whole.
- 9. Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
- 10. Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Total adults serviced in CAHSD (Mental Health)

LaPAS PI Code: 24006

1. **Type and Level:** General
2. **Rationale:** Capital Area Human Services District Strategic Plan requires that Adult Behavioral Health collects, monitors and reports utilization data. Total adults served data provides trends on the numbers and fluctuations of consumers served to assist with budgetary planning, resource allocation, staff utilization and planning services to meet the needs of consumers in parishes served by CAHSD.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health facility activity is meeting its LaPas performance-based budgeting measures and will be used internally to monitor trends of the number of adults served annually to assist with budgetary planning, resource allocation, staff utilization and planning services to meet the needs of consumers.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The data for this indicator is entered by clinical staff into the Electronic Health Record system. Clinicians who enter data are trained on the correct way to code and enter data. The data is maintained and audited by OBH and CAHSD to ensure the Accuracy, Maintenance, Support of data.
6. **Data Source, Collection and Reporting:** The data source is the billable progress note entered into the Electronic Health Record system by the clinician. Designated authorized CAHSD staff can generate customized reports on the total adults served within a specified reporting period.
7. **Calculation Methodology:** OMH defines persons served as persons active on the first day of the period plus all persons admitted during the period whether or not they are currently active. Persons Served is calculated by adding the number of active persons on the first day of the period to the number of persons admitted during the period.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average cost per persons served in the community (Mental Health)

LaPAS PI Code: 24007

1. **Type and Level:** General
2. **Rationale:** This indicator assists with the capture and comparison of operational costs for same and similar services throughout the Department of Health and Hospitals to ensure that mandated services are being provided in a cost effective and efficient manner.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** All data for this particular indicator is taken from the Electronic Health Record system and the State of Louisiana ISIS-AFS (Advantage Financial System) annually.
7. **Calculation Methodology:** Total cost for annual operation of all programs/services included in the Adult Behavioral Health Services Activity divided by the total number of adults served during an entire Fiscal Year cycle (July 01 through June 30).
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of adult mental health prevalence population served

LaPAS PI Code: 15686

1. **Type and Level:** General
2. **Rationale:** Capital Area Human Services District has historically served 36% of the estimated number of persons in the population with Serious Mental Illness (SMI) within the CAHSD 7 parish catchment area (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana). Due to the prevalence of adults with SMI it is imperative that mental health services are available to the estimated prevalence population.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Service is meeting its LaPas performance-based budgeting measures. This indicator will be used internally as one of several tools by CAHSD Administration to determine if CAHSD's Adult Services is serving an adequate percentage of the prevalence population.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Office of Behavioral Health provides data for this indicator and ensures the data to support the indicator is valid, reliable and accurate.
6. **Data Source, Collection and Reporting:** Office of Behavioral Health provides the data for this indicator and generates a report on the % of adult mental health prevalence population served by CAHSD.
7. **Calculation Methodology:** % of prevalence served with SMI = persons served with SMI divided by estimated number of persons in population with SMI*100.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of Community Mental Health Centers operated in CAHSD.

LaPAS PI Code: 15688

1. **Type and Level:** General
2. **Rationale:** Capital Area Human Services District (CAHSD) has a Memorandum of Understanding with Department of Health and Hospitals to provide Mental Health Services to the Seriously Mentally Ill who are United States citizens and who reside in the parishes served by CAHSD. In order to provide behavioral health services to this population, it is necessary to operate a sufficient number of Community Mental Health Centers.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Services is meeting its LaPas performance-based budgeting measures. This indicator will be used externally as one of the several tools to determine if CAHSD is meeting its responsibilities under the DHH MOU of providing mental health services to the seriously mentally ill in those parishes in which CAHSD is responsible for providing services.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The reporting data for this indicator is based on the actual number of mental health facilities licensed and operated by CAHSD during the reporting period.
6. **Data Source, Collection and Reporting:** The number of mental health centers actually operated by CAHSD during the reporting period.
7. **Calculation Methodology:** The number of mental health centers licensed and operated by CAHSD during the reporting period added.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of Community Mental Health Centers Licensed

LaPAS PI Code: 11240

1. **Type and Level:** General
2. **Rationale:** Department of Health and Hospitals (DHH) under RS 28:567 require public or private mental health centers to be licensed under DHH to receive Federal or State Medical Assistance Funds. Maintaining licensure ensures that standards of care are provided within the guidelines established by DHH under the Administrative Procedures Act and has the affect of law.
3. **Use:** This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Services is meeting its LaPas performance-based budgeting measures. This indicator will be used as one of several tools to determine if CAHSD meets the requirements to receive Federal or State Medical Assistance Funds and to ensure standards of care required by DHH and under the Administrative Procedures Act are met.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** Licensure is determined by an annual audit by the Department of Health and Hospitals' Bureau of Health Standards using standards under the Administrative Procedures Act at each mental health center operated by CAHSD.
6. **Data Source, Collection and Reporting:** Number of Mental Health Centers operated by CAHSD that are licensed.
7. **Calculation Methodology:** This indicator is calculated by dividing the total number of CAHSD Licensed Community Mental Health Centers by the total number of CAHSD Mental Health Centers.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Total adults served in CAHSD (Addiction Recovery Services)

LaPAS PI Code: 25537

1. **Type and Level:** General
2. **Rationale:** Addictions impact many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of addiction recovery treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD management in making decisions on staffing assignments and resource allocations to assure the Addiction Recovery Services are providing accessible, appropriate and adequate treatment services for individuals needing this level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of individuals admitted into Electronic Health Record system for outpatient addiction recovery treatment services within CAHSD.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average cost per person in the community (Addiction Recovery Services)

LaPAS PI Code: 25538

1. **Type and Level:** General
2. **Rationale:** Addictions impact many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of addiction recovery treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD management in making decisions on staffing assignments and resource allocations to assure the Addiction Recovery Services are providing accessible, appropriate and adequate treatment services for individuals needing this level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of individuals admitted into Electronic Health Record system for outpatient addiction recovery treatment services within CAHSD.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided social detoxification services

LaPAS PI Code: 24008

1. **Type and Level:** General
2. **Rationale:** Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD management in making decisions on resource allocations to assure there are adequate social detoxification beds available to meet the needs of individuals seeking detoxification services.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total numbers of individuals entered in the Electronic Health Record system and receive social detoxification services.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average daily census (Detoxification)

LaPAS PI Code: 11241

1. **Type and Level:** General
2. **Rationale:** Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.
3. **Use:** Data collected for this indicator will be used as one of several tools to assure proper utilization of community-based residential beds and assist CAHSD management in decision making regarding allocation of resources for funding the social detoxification level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** This indicator is calculated by dividing the total number of Social Detoxification beds occupied within the year divided by the total number of days in a year (365).
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average length of stay in days (Detoxification)

LaPAS PI Code: 11250

1. **Type and Level:** General
2. **Rationale:** Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.
3. **Use:** This indicator will be used as one of several tools to determine if individuals admitted to the social detoxification level of care are receiving adequate time to detox and begin their recovery. Data collected will assist CAHSD management in decision making regarding resource allocation.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** This indicator is calculated by adding the total number of bed days utilized and dividing by the total number of days (365).
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of beds (Detoxification)

LaPAS PI Code: 11297

1. **Type and Level:** General
2. **Rationale:** Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.
3. **Use:** This indicator will be used as one of several tools to determine if the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on resource allocation of funding for social detoxification beds.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of detoxification beds available for individuals to receive detoxification services.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of positive responses on client survey (Detoxification)

LaPAS PI Code: 15700

1. **Type and Level:** General
2. **Rationale:** Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.
3. **Use:** This indicator will be used as one of several tools to determine if the social detoxification level of care is meeting the needs of individuals admitted for treatment to assure clients are satisfied with the services received. Data collected will be used to improve social detoxification services and assist CAHSD management in making decisions on allocation of resources.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The indicator is calculated by dividing the total number of individuals being discharged from the social detoxification level of care who report a positive response on the Client Satisfaction Survey by the total number of individuals being discharged from the social detoxification level of care.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of beds Residential (Inpatient)

LaPAS PI Code: 11301

1. **Type and Level:** General
2. **Rationale:** Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD in making decisions on staffing assignments and resource allocations to assure there are sufficient beds available to serve the community and assure the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of beds available for individuals to receive inpatient treatment.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average daily census Residential (Inpatient)

LaPAS PI Code: 15698

1. **Type and Level:** General
2. **Rationale:** Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.
3. **Use:** Data collected for this indicator will be used as one of several tools to assure proper utilization of residential inpatient beds and assist CAHSD management in decision making regarding allocation of resources for funding the residential inpatient level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** This indicator is calculated by dividing the total number of Inpatient beds occupied within the year divided by the total number of days in a year (365).
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided Residential (28 day inpatient) services

LaPAS PI Code: 24009

1. **Type and Level:** General
2. **Rationale:** Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD management in making decisions on staffing assignments and resource allocations to assure there are sufficient beds available to serve the community and assure the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of persons admitted into the Electronic Health Record system for residential-inpatient treatment.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided Community-Based Residential services

LaPAS PI Code: 24010

1. **Type and Level:** General
2. **Rationale:** Individuals in recovery from addictions sometimes need placement in a recovery environment that is a safe place to live while in treatment. Community-based residential beds provide individuals with the opportunity to be removed from environments detrimental to their recovery and live in an environment conducive to their recovery.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD in making decisions regarding allocation of resources to assure the appropriate numbers of community-based residential beds are available to individuals needing this level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of individuals admitted into Electronic Health Record system that is provided community-based residential services.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average daily census (Community-Based Residential)

LaPAS PI Code: 15695

1. **Type and Level:** General
2. **Rationale:** Individuals in recovery from addictions sometimes need placement in a recovery environment that is a safe place to live while in treatment. Community-based residential beds provide individuals with the opportunity to be removed from environments detrimental to their recovery and live in an environment conducive to their recovery.
3. **Use:** Data collected for this indicator will be used as one of several tools to assure proper utilization of community-based residential beds and assist CAHSD management in decision making regarding allocation of resources for funding this level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** This indicator is calculated by dividing the total number of Community-based Residential beds occupied within the year divided by the total number of days in a year (365).
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of beds (Community-Based Residential)

LaPAS PI Code: 15696

1. **Type and Level:** General
2. **Rationale:** Individuals in recovery from addictions sometimes need placement in a recovery environment that is a safe place to live while in treatment. Community-based residential beds provide individuals with the opportunity to be removed from environments detrimental to their recovery and live in an environment conducive to their recovery.
3. **Use:** This indicator will be used as one of several tools to determine if the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on resource allocations regarding the need for additional community-based residential beds.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of community-based residential beds available for individuals to receive residential treatment.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided Outpatient Addiction Recovery services

LaPAS PI Code: 24011

1. **Type and Level:** General
2. **Rationale:** Addictions impact many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of addiction recovery treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.
3. **Use:** This indicator will be used as one of several tools to assist CAHSD management in making decisions on staffing assignments and resource allocations to assure the Addiction Recovery Services are providing accessible, appropriate and adequate treatment services for individuals needing this level of care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of individuals admitted into Electronic Health Record system for outpatient addiction recovery treatment services within CAHSD.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of services provided (Outpatient Addiction Recovery Services)

LaPAS PI Code: 11294

1. **Type and Level:** General
2. **Rationale:** Addictions impact many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of addiction recovery treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.
3. **Use:** This indicator will be used as one of several tools to determine if CAHSD's Center for Adult Behavioral Health's Addiction Recovery Services is adequately meeting the needs of individuals seeking outpatient treatment. Data collected will be reported to the CAHSD Executive Management Team quarterly to assure services are adequate and to assist management in making decisions on staffing assignments and allocation of resources.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of services provided individuals admitted to outpatient addiction recovery treatment level of care.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of admissions (Outpatient Compulsive Gambling)

LaPAS PI Code: 15691

1. **Type and Level:** General
2. **Rationale:** Data collected in 2002 indicated an estimated prevalence of problem gamblers to be 3.8 % of CAHSD's population and an estimated prevalence of pathological gamblers to be .8% of CAHSD's population (442,831). The aforementioned prevalence data indicates a need to provide outpatient compulsive gambling treatment.
3. **Use:** This indicator will be used as one of several tools to determine if the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system and the Office of Addictive Disorders Information System-Louisiana Addictive Disorders Data System (LADDS); gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of individuals admitted into Electronic Health Record system for outpatient compulsive gambling treatment.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 85% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of services provided (Outpatient Compulsive Gambling)

LaPAS PI Code: 15694

1. **Type and Level:** General
2. **Rationale:** Data collected in 2002 indicated an estimated prevalence of problem gamblers to be 3.8 % of CAHSD's population and an estimated prevalence of pathological gamblers to be .8% of CAHSD's population (442,831). The aforementioned prevalence data indicates a need to provide outpatient compulsive gambling treatment.
3. **Use:** This indicator will be used as one of several tools to determine if the Addiction Recovery Services Center for Gambling Treatment is adequately meeting the needs of individuals seeking this service. Data collected will assist CAHSD management in making decisions on staffing assignments and allocation of resources.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.
6. **Data Source, Collection and Reporting:** Data is collected on a continuous basis using the Electronic Health Record system and the Office of Addictive Disorders Information System-Louisiana Addictive Disorders Data System (LADDS); gathered on an annual basis and input into the DOA LaPAS electronic database.
7. **Calculation Methodology:** The total number of services provided individuals admitted for outpatient compulsive gambling treatment based upon into Electronic Health Record system.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Prevention and Primary Care

OBJECTIVE: Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that 95% of new adult admissions in the three largest behavioral clinics receive a physical health screen.

INDICATOR NAME: Percentage of new adult admissions in the three largest behavioral health clinics receiving a physical health screen.

LaPAS PI Code: 24012

1. **Type and Level:** Key
2. **Rationale:** The indicator tells us if staff is following an internal policy which requires all new admits and on an annual basis to receive a screening for physical health and primary care engagement.
3. **Use:** For internal management decision making to monitor impact of the program.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will be, however, reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is the Electronic Health Record system and a Nursing Services Volume Indicator data system. The frequency of collection is daily (data input) and timing of reporting is monthly and quarterly. It is reported on a state fiscal year and the frequency and reporting is consistent.
7. **Calculation Methodology:** The indicator is calculated by getting the number of new admits who receive a physical health/primary care engagement screening from the Center for Adult Behavioral Health, Margaret Dumas Mental Health Center and Gonzales Mental Health through the Nursing Staff Organization volume indicator monthly report and dividing it by the number of new admits from those same sites which is obtained from the Electronic Health Record system.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Prevention and Primary Care

OBJECTIVE: Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that 95% of new adult admissions in the three largest behavioral clinics receive a physical health screen.

INDICATOR NAME: Percentage of clients receiving a referral to primary care as a result of an identified need from the physical health screen.

LaPAS PI Code: 24013

1. **Type and Level:** Key
2. **Rationale:** The indicator helps us validate the benchmark that behavioral health patients die 25 years earlier than the general population because of undiagnosed, untreated, health care conditions and informs us of the percentage of clients who seek our services and have co-morbid health conditions that require evaluation, diagnosis and treatment.
3. **Use:** For internal management decision making to monitor the physical health status of our population and to document the need for primary care.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is a Nursing Services Volume Indicator data system and a web-based primary care data system. The frequency of collection is daily (data input and the timing of reporting is monthly and quarterly. It is reported on a state fiscal year and the frequency and reporting is consistent.
7. **Calculation Methodology:** The indicator is calculated by getting the number of patients who receive a primary care referral as a result of the physical health /primary care engagement screening and dividing it by the number of screens done.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
Telephone: 225-922-0004 Email: Adina.Collins@La.Gov Fax: 225-362-5319

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Prevention and Primary Care

OBJECTIVE: Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that 95% of new adult admissions in the three largest behavioral clinics receive a physical health screen.

INDICATOR NAME: Percentage of clients who keep their primary care appointment.

LaPAS PI Code: 24014

1. **Type and Level:** Key
2. **Rationale:** The indicator tells us if clients are becoming engaged in primary care, receiving primary care for the reasons they were referred and ultimately having a medical home.
3. **Use:** For internal management decision making to monitor the impact of the program.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is the web-based primary care data base and hand tally sheets. The frequency of collection is daily on those who were scheduled to see a primary care provider (daily input) and timing of reporting is quarterly. It is reported on a state fiscal year and frequency and reporting is consistent.
7. **Calculation Methodology:** The indicator is calculated by totaling the number of people who keep their first primary care appointment and dividing it by the number of people who are given their first primary care appointment during that time period.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Prevention and Primary Care

OBJECTIVE: Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that 95% of new adult admissions in the three largest behavioral clinics receive a physical health screen.

INDICATOR NAME: Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as agree.

LaPAS PI Code: 24015

1. **Type and Level:** Supporting
2. **Rationale:** The indicator tells us if our primary care integration program is working, ie. clients feel better and are therefore optimizing their quality of life.
3. **Use:** For internal management decision making to monitor impact of the program.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is an annual client satisfaction survey. It is collected and reported annually, thereby being consistent and following the state fiscal year.
7. **Calculation Methodology:** The indicator is calculated by the number of clients who mark 'strongly agree' and 'agree' with the statement, "Please rate the extent that you feel better," divided by the total number of surveys collected and completed.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
Telephone: 225-922-0004 Email: Adina.Collins@La.Gov Fax: 225-362-5319

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Disaster Response

OBJECTIVE: Through the Disaster Response activity, CAHSD will deliver targeted communication, supports, and services prior to, during and after an emergency/disaster.

INDICATOR NAME: Percentage of Medical Special Needs Shelter assigned staff who are trained in required National Incident Management System (NIMS) courses.

LaPAS PI Code: 24017

1. **Type and Level:** Key
2. **Rationale:** This Indicator will show the number of CAHSD staff who have completed required NIMS trainings for emergency Disaster and Medical Special Needs Shelter work. These trainings are required for Federal Emergency Management Agency (FEMA) reimbursement to the agency and empower each worker with knowledge of the disaster organizational structure, responsibilities of agencies/organizations and specific roles.
3. **Use:** Identification of those who have not completed trainings is needed for targeted supervisory encouragement and agency compliance with FEMA regulations. If a large percentage of staff have not completed FEMA trainings, disaster staff may be unprepared for MSNS work and services provided will be insufficient. It can also reduce staff morale when workers arrive unprepared and uninformed.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** The reliability of the data is based on completion of online courses and staff responsibility to send their "certificate of completion" copy immediately to the Emergency Preparedness & Training Administrative Coordinator. The Coordinator will enter this information into a comprehensive database that can separate courses, departments and staff. It should be noted that only Management-level staff in Incident Command are required to take 300/400 classes.
6. **Data Source, Collection and Reporting:** The internal database categorizes the information by course taken and Unit/Department. It creates an average percentage of course completion for each course and department and is updated immediately upon receipt of certificates.
7. **Calculation Methodology:** The total number of staff having taken and passed the course is divided by the total number of staff in that department. This gives the departmental average/percentage. Likewise, the total number of staff having taken and passed all online courses (required for all MSNS workers) is divided by the total number of those who are assigned to the MSNS within the entire agency. This gives the agency average/percentage.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Disaster Response

OBJECTIVE: Through the Disaster Response activity, CAHSD will deliver targeted communication, supports, and services prior to, during and after an emergency/disaster.

INDICATOR NAME: Percentage of staff assigned to Medical Special Needs Shelter who were successfully contacted during call drill.

LaPAS PI Code: 24019

1. **Type and Level:** Standard
2. **Rationale:** This indicator demonstrates the reliability of the current OPH-CCP (Office of Public Health-Center for Community Preparedness) electronic notification system in contacting and alerting all Regions 2 Medical Special Needs Shelter (MSNS)-assigned staff that they have been activated to report for shelter duty. An inability to reach staff would result in reduced resource deployment and insufficient service provision at the Medical Special Needs Shelter.
3. **Use:** For Regional MSNS-assigned agencies, including CAHSD, to determine if a backup (manual) method of notification should be employed, to identify barriers to successful contacts and to make revisions as necessary to ensure all MSNS staff are able to be contacted.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This is an electronically-facilitated system employed by the Center for Community Preparedness/Office of Public Health/Department of Health and Hospitals (OPH/DHH). It provides computer-generated, detailed outcome reports immediately following the Drill(s) that are sent to CAHSD Emergency Preparedness Director for review and examination. The computer-generated system relies on manual (human) input and mechanical operability.
6. **Data Source, Collection and Reporting:** The source of the data collected is the LA-DHH-OPH Communicator! NXT System (electronic). It is collected and reported by the Center for Community Preparedness staff within OPH/DHH immediately following a Drill.
7. **Calculation Methodology:** The computer system provides detailed reports of all contacts, attempted contacts, unsuccessful contacts, hang-ups, busy lines, times called, phone numbers and names called, etc. and produces total numbers for all.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Behavioral Health Emergency Services Continuum

OBJECTIVE: Through the Behavioral Health Crisis Response activity, CAHSD will provide community-based behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 95% of all calls received by CAHSD's Access Services during hours of operation are triaged at the time of call and referred for care.

INDICATOR NAME: Percentage of all calls received by Access Services during hours of operation that were triaged at the time of call and referred for care.

LaPAS PI Code: 24022

1. **Type and Level:** Key
2. **Rationale:** Capital Area Human Services District monitors Access data to identify if consumers are receiving timely access to service and referral to appropriate services within its continuum of services.
3. **Use:** This indicator will be used as one of several tools to determine if access of incoming calls for services at the Center for Adult Behavioral Health is timely and meets the needs of consumers. Data gathered will be reported to the CAHSD Executive Management Team quarterly to identify ways to improve access and to assist management in making decisions on resource allocation and staffing utilization.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The data source is incoming calls from consumers seeking services. Incoming Call Data will be gathered by the Access Operator and entered into a data base. Reports will be generated from the data base on a monthly-quarterly basis.
7. **Calculation Methodology:** The total number of calls triaged by the Access Operator at the time of the call divided by the total number of incoming calls to the Access Service.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
Telephone: 225-922-0004 Email: Adina.Collins@La.Gov Fax: 225-362-5319

**09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION**

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Behavioral Health Emergency Services Continuum

OBJECTIVE: Through the Behavioral Health Crisis Response activity, CAHSD will provide community-based behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 95% of all calls received by CAHSD's Access Services during hours of operation are triaged at the time of call and referred for care.

INDICATOR NAME: Percentage of consumers receiving Inter-agency Service Coordination who achieve and maintain residential stability within twelve (12) months.

LaPAS PI Code: 24024

1. **Type and Level:** Key
2. **Rationale:** State and federal funding entities are concerned with the coordination and delivery of services for those who frequently utilize emergency services to obtain resources. Research has shown that residential stability is an essential factor in reducing recidivism rates in utilizing first responders, emergency departments, and acute psychiatric beds as a method in accessing needed resources. As a component of the continuum of comprehensive community-based behavioral health care services, CAHSD seeks to assist individuals in maintaining residential stability through their participation in the Inter-agency Service Coordination process resulting in a decreased use of emergency services.
3. **Use:** The indicators will be used for internal management purposes. Furthermore, data collection will assist CAHSD to document treatment impact as well as ways to improve service delivery.
4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The data is collected from the Adult Inter-agency Service Coordination database which is an internal database. The data is gathered on a monthly basis and reviewed on a quarterly basis. At the close of each fiscal year data will be compiled on an aggregated basis.
7. **Calculation Methodology:** Inter-agency Service Coordination is not currently using a standard method of calculating this indicator. This program measures achievement and maintenance of residential stability within this population by calculating the percentage of clients who are currently or have previously utilized the program and have achieved and maintained residential stability within a twelve (12) month period. Percentage achieved and maintained residential stability equals clients with stable residence within 12 months of participation in Inter-agency Service Coordination divided by the total number of clients that participated in Inter-agency Service Coordination.

Since Inter-agency Service Coordination is the only program utilizing this program specific performance indicator, this method of calculation is not used by any other CAHSD program.
8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Adina Collins, Accountant Administrator
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09-303 Louisiana Developmental Disabilities Council

Note that this budget unit is composed of one program, so the mission, goals, principle customers, etc. for the budget unit and the program are identical and not reported separately.

Principal Customers/Users of the Program and Benefits: Individuals with developmental disabilities residing in Louisiana and their families, caregivers and advocates.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Approximately 78% of revenue for the Developmental Disabilities Council comes from the Federal Developmental Disabilities Grant. 100% of operational and administrative expenses are funded through federal funds and all state general fund appropriations are passed through the Council directly to contractors providing services and supports to individuals with disabilities and their families. We are therefore significantly dependent upon federal appropriations for the funding of the program. We are additionally dependent upon state spending authority as a budget unit within DHH and negative changes in appropriations for DHH in the future could adversely impact Council operations and the achievement of goals and objectives.

Methods Used to Avoid Duplication of Effort: The Developmental Disabilities Council is designed by congress to operate as an independent and unique organization within state government. The Developmental Disabilities Assistance and Bill of Rights Act creates one Council in each state and territory with the intent of providing advocacy, capacity building and systemic change activities that no other existing organizations are able to undertake.

Program Evaluations used to Develop Goals, Objectives and Strategies: Program evaluations used in this planning process derive from the statutory requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, PL106-402; the Council's previous and current State Five-year Plans; the Council's policy and mission statements; public input through public forums and Council meetings; data from contract and in-house programmatic reports, and DHH financial reports.

Goal: To effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana.

Statutory Authority for Goal: R.S. 28:750-758; R.S. 36:259(L). Public Law 106-402

Objective 1: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2022.

Objective 2: Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2022.

Objective 3: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2022.

Primary Persons Who Will Benefit from or be Significantly Affected by Objective:

Individuals with developmental disabilities residing in Louisiana, their families, care givers and advocates, and professionals in the field of human services will benefit from our services.

Maintenance of Agency Performance-Based Budgeting Records

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2016.

INDICATOR NAME: Percent of Council plan objectives on target

LaPAS PI Code: 24027

1. **Type and Level:** Efficiency; Key
2. **Rationale:** This indicator will provide an overall measure of the degree the Council implements objectives in its plan.
3. **Use:** Decisions regarding processes and/or future goals and objectives will consider the capacity of the Council and success/failure with specific initiatives.
4. **Clarity:** No further clarity needed.
5. **Validity, Reliability and Accuracy:** Data are determined through Council committee assessment of each objective relative to established standard.
6. **Data Source, Collection and Reporting:** Data are recorded in status report on a quarterly basis for Council meetings.
7. **Calculation Methodology:** Percent of objectives on target is equal to the number of objectives on target divided by the total number of objectives in the plan each quarter.
8. **Scope:** Data are aggregated across all areas of the plan.
9. **Caveats:** Data inferences are limited to the degree that objective targets appropriately address the Council's mandates.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2021.

INDICATOR NAME: Percentage of decisions regarding policy and program practices influenced through Council involvement and education that promote self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities

LaPAS PI Code: 24026

1. **Type and Level:** Outcome; Key
2. **Rationale:** The Council goal is to affect real and meaningful reform of Louisiana's system of services and supports to individuals with developmental disabilities. A measure of the impact the Council has on changing policies and program practices is the most significant outcome
3. **Use:** These data will provide guidance to increase effectiveness of advocacy efforts.
4. **Clarity:** No further clarity needed.
5. **Validity, Reliability and Accuracy:** Data are determined through staff assessment of changes in each policy and practice the Council attempts to influence and/or educate the policy makers.
6. **Data Source, Collection and Reporting:** Data are recorded internally on a quarterly basis.
7. **Calculation Methodology:** Percent of decisions influenced through Council involvement and education is equal to the number of issues with decisions made in the direction of increasing self-determination, independence, productivity, integration, and inclusion divided by the total number of decisions made by policy bodies with Council involvement and/or targeted education each quarter.
8. **Scope:** The data are aggregated across all areas of the plan. These data could be disaggregated across various areas of emphasis for further analysis.
9. **Caveats:** The data will only reflect the decisions on issues the Council has been involved in and not all issues related to people with developmental disabilities. While this demonstrates the rate of impact on targeted issues it fails to reflect the entire array of possible policy decisions.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2021.

INDICATOR NAME: Number of information and referral services provided

LaPAS PI Code: 10697

1. **Type and Level:** Input; Key
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of calls directs planning in resources and informs of the level of need in the community.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all calls and contacts of FHF Centers.
8. **Scope:** Data can be divided to determine various categories of callers, issues addressed, etc.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2021.

INDICATOR NAME: Number of training sessions provided statewide

LaPAS PI Code: 21284

1. **Type and Level:** Input; Key
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of training sessions directs planning in resources and informs of the level of need in the community.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all training sessions of FHF Centers.
8. **Scope:** Data can be divided to determine various categories of types of training, types of people trained, etc at each Center.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2021.

INDICATOR NAME: Number of individuals provided training statewide

LaPAS PI Code: 21285

1. **Type and Level:** Input; Key
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of individuals trained directs planning in resources and informs of the level of need in the community.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all individuals participating in training sessions of FHF Centers.
8. **Scope:** Data can be divided to determine various categories of types of training, types of people trained, etc at each Center.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2021.

INDICATOR NAME: Number of individuals provided peer-to-peer support opportunities statewide

LaPAS PI Code: 21286

1. **Type and Level:** Input; Key
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of individuals provided peer-to-peer support directs planning in resources and informs of the level of need in the community.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all individuals provided peer-to-peer support at of FHF Centers.
8. **Scope:** Data are aggregates across the state. Data are also analyzed within each Center.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2021.

INDICATOR NAME: Percentage of individuals who report that they received the information or support that they needed

LaPAS PI Code: 24025

1. **Type and Level:** Input; Key
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percentage of individuals reporting they received the information or support they needed will provide guidance toward more effective strategies with providing individuals with disabilities and their families the information and support they need in their local communities.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. At least ten individuals are sampled each month and these data are reported monthly.
7. **Calculation Methodology:** Percentage of individuals who report that they received the information or support that they needed is equal to the number of individuals sampled who indicate the information or support was valued divided by the total number of individuals sampled each month.
8. **Scope:** Data can be divided to determine various categories of callers, Center programs, issues addressed, etc.
9. **Caveats:** There is potential bias with the FHF Centers reporting for self selection of individuals to survey. However, potential bias in over-reporting is addressed through reliability checks made directly by Council program staff.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of individuals with disabilities assisted.

LaPAS PI Code: 14077

1. **Type and Level:** Outcome; General
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percent of individuals with disabilities assisted provides information regarding the degree that support is provided across specific groups allows analysis of whether efforts are effectively addressing the needs of individuals with disabilities and their family members.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data collected monthly from Center reports are verified during on-site monitoring visits conducted annually.
6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.
7. **Calculation Methodology:** The number of individuals with disabilities receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.
8. **Scope:** Data can be reviewed to determine specific FHF Centers and/or areas with high or low percentages of individuals with disabilities served.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804.
Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of parents/family members of individuals with disabilities assisted.

LaPAS PI Code: 14078

1. **Type and Level:** Outcome; General
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities and their parents or family members in Louisiana.
3. **Use:** The percent of parent/family members of individuals with disabilities assisted provides information regarding the degree that support is provided across specific groups allows analysis of whether efforts are effectively addressing the needs of individuals with disabilities and their family members.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data collected monthly from Center reports are verified during on-site monitoring visits conducted annually.
6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.
7. **Calculation Methodology:** The number of parents/family members of individuals with disabilities receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.
8. **Scope:** Data can be reviewed to determine specific FHF Centers and/or areas with high or low percentages of parents/family members of individuals with disabilities being served.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804.
Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of professionals assisted.

LaPAS PI Code: 14079

1. **Type and Level:** Outcome; General
2. **Rationale:** The Families Helping Families Regional Resource Centers provides information and support to professionals working with individuals with disabilities in Louisiana.
3. **Use:** The percent of professionals assisted provides information regarding the degree of community integration, connections to service providers by FHF Centers.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data collected monthly from Center reports are verified during on-site monitoring visits conducted annually.
6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.
7. **Calculation Methodology:** The number of professionals receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.
8. **Scope:** Data can be divided to determine specific FHF Centers and/or areas with high or low percentages of professionals served.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to professionals there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804
Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with Developmental Disabilities Council contractual obligations and standards of operation.

LaPAS PI Code: 21764

1. **Type and Level:** Outcome; General
2. **Rationale:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percent of Families Helping Families Regional Resource Centers in compliance with Council obligations and standards of operation provides information regarding the quality of support, information and referral available to families in each region of the state.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** Data are collected during Center monitoring visits conducted annually at each Center.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The number of FHF Centers meeting compliance divided by the total number of FHF Centers.
8. **Scope:** Data can be divided to determine specific FHF Centers and/or areas of non-compliance to address any deficiencies at a regional level.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance and targeted focus on specific indicators. While this provides a strategic mechanism to assess compliance there is the potential for bias in a Center presentation of information to obscure areas of non-compliance.
10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804.
Shawn.fleming@la.gov

Process Documentation**PROGRAM A: Metropolitan Human Services District**

Strategic Planning Process: MHSD has annual planning meetings at multiple staff levels and with the Board of Directors to better define the direction of MHSD in terms of implementing the desired activities. MHSD's planning process also included a look at the current external and internal environments that the agency finds itself in, formulating organizational objectives and strategies based on the environmental assessment, and developing procedures to implement and evaluate the strategic plan. An agency facilitator was then utilized to guide the leadership team through the strategic planning process. Working with MHSD's new Executive Director, the process was outlined, a two-day agenda was formulated, and key stakeholders were invitees. Participants were provided pre-work and pre-read materials to ensure they were prepared to actively participate and effectively contribute to the development of the agency's plan. The planning process was data-driven, with decision-making based on current, reliable information and not opinions and conjecture.

Principal Customs/ Users of the Program and Benefits: The principal customers of Metropolitan Human Services District (MHSD) are individuals, children, youth, and families in need of behavioral health prevention, early intervention, treatment, support services, and recovery supports. Specifically, our customers are those "at risk" or who have addictive disorders, mental/ emotional disorders, and/or intellectual/ developmental disabilities who reside in Orleans, St. Bernard, and Plaquemines Parishes. Services from MHSD will enable individuals to remain in their community with their families and supports, enable them to maximize their full potential, and have the best quality of life possible.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives: Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/ Developmental Disabilities, their families, and the communities in which they reside and MHSD Staff

Statuary Authority for Goals: LA R.S. 28:865

Potential Internal/ External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: Barriers and external factors that could significantly contribute to the difficulties in achieving the goals and objectives of our strategic plan are: state budget deficiencies, Medicaid expansion, managed care, retention of qualified and well trained staff, decreased autonomy, and stigma associated with behavioral health and intellectual/ developmental disabilities.

Program Evaluations Used to Develop Goals, Objectives, and Strategies: MHSD utilized information gathered via: SWOT analysis; surveys from stakeholders, staff, those served, and Board of Directors; agency departments' environmental scans; analysis of current available data and performance indicators; and best practice literature.

Methods Used to Avoid Duplicative Efforts: As a District, MHSD has the opportunity to minimize duplication and maximize resources by consolidating and standardizing administrative functions. From a services perspective; gap analysis of available community resources, coordination and integration of resources, and linkage to appropriate levels of care/ resources will serve to maximize the use of human and financial resources. The fore mentioned will yield the most appropriate and cost effective individual and organization outcomes.

Maintenance of Performance-Based Budgeting Records: All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

09-304 Metropolitan Human Services District PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM	MHSD
ACTIVITY	CARE MANAGEMENT/ ADMINISTRATION
OBJECTIVES	<p><u>Objective 1:</u> Each year through June 30, 2019, MHSD will employ and retain high quality diverse staff.</p> <p><u>Objective 2:</u> Each year through June 30, 2019, MHSD will integrate research into its practices.</p> <p><u>Objective 3:</u> Each year through June 30, 2019, MHSD will increase accessibility to services for those residing in Orleans, Plaquemines, and St. Bernard Parishes.</p> <p><u>Objective 4:</u> Each year through June 30, 2019, MHSD will disseminate district information to staff, providers, community partners, and state/federal agencies and continue to develop its data systems infrastructure.</p> <p><u>Objective 5:</u> Each year through June 30, 2019, MHSD will identify and further develop the network of community providers and facilitate further community engagement.</p> <p><u>Objective 6:</u> Each year through June 30, 2019, MHSD will extend the current education and training program.</p> <p><u>Objective 7:</u> Each year through June 30, 2019, MHSD will identify and fill gaps in services while enhancing the quality of current contract provided services.</p> <p><u>Objective 8:</u> Each year through June 30, 2019, MHSD will provide an integrated system of care and service delivery.</p> <p><u>Objective 9:</u> Each year through June 30, 2019, MHSD will build shared resources with community partners.</p>

INDICATOR NAME

Indicator 1.1: The number of job recruitment fairs attended by Metropolitan Human Services District human resources staff.

- 1. Type and Level:** Input/ General
- 2. Rationale:** Measures MHSD Human Resources staff engagement in recruitment efforts of highly qualified professionals.
- 3. Use:** This indicator will be used for internal management purposes.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** Staff self-reporting of attendance via surveys will be validated with by the submission of event registration and confirmation documents. Electronic records will be maintained.

INDICATOR NAME

Indicator 1.1: The number of job recruitment fairs attended by Metropolitan Human Services District human resources staff.

- 6. Data Source, Collection, and Reporting:** Staff self-report via surveys collected monthly and reported quarterly.
- 7. Calculation Methodology:** Frequency count
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** The indicator is a self-reported measure. To strengthen reporting a validation method has been identified, but as with all self-reported measures is a degree of error remains.
- 10. Responsible Person:** Krystal Casson, Human Resources Director
504-568-3130

INDICATOR NAME Indicator 1.2: Percentage of full time employees that complete satisfaction survey.	1. Type and Level:	Output/ General
	2. Rationale:	Used to inform the District's engagement in an activity that is linked to staff morale and transparency.
	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	The validity of the data collected will be supported by the use of an electronic surveying system. Electronic surveying is affiliated with increased reporting accuracy. The reported data will be maintained using electronic records.
	6. Data Source, Collection, and Reporting:	The data source will be the electronic survey system. Data will be collected and reported semi-annually.
	7. Calculation Methodology:	Percentage. NUMERATOR: Number of MHSD full time staff completing the satisfaction survey in the time period. DENOMINATOR: Total number of MHSD full time staff in the time period.
INDICATOR NAME Indicator 1.2: Percentage of full time employees that complete satisfaction survey.	8. Scope:	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
	9. Caveats:	MHSD staffs' lack of participation in survey completion can negatively impact the District's perceived engagement.
	10. Responsible Person:	Dr. Kashunda Williams, Director Quality and Data Management 504-568-3130

INDICATOR NAME

Indicator 2.1: The number of environmental scans and/or gap analyses conducted annually.

- 1. Type and Level:** Output/Key
- 2. Rationale:** Used to inform/measure the District's use of informed best practices in planning and decision making.
- 3. Use:** This indicator will be used for performance- based budgeting.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** Submission of the complete environmental scans and/or gap analysis report. Validation method will be to confirm that the reports were developed using acceptable research methods and information sources. Electronic records will be maintained.
- 6. Data Source, Collection, and Reporting:** The collection of complete reports. Data will be collected and reported annually.
- 7. Calculation Methodology:** Frequency count
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** None
- 10. Responsible Person:** Traci Brown, Director of Finance
Steve Farber, Attorney/Compliance
Dr. Brenda Webster, Director of Communications
Jacques Vignes, IT Director
Dr. Kashunda Williams, Director of Quality & Data Management
Tremika Simon, Director of Practice Management
Donna Francis, Director I/DD
504-568-3130

INDICATOR NAME	1. Type and Level:	Output/ General
Indicator 2.2: The number of documented activities that involve research and data review prior to planning and decision making.	2. Rationale:	Used to inform/measure the District's use of informed best practices in planning and decision making.
	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	Submission of internal logs, agendas, and/or sign-in sheets. Validation method will be the submission of meeting minutes to confirm that activities involved research and data review. Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	The data source will be of internal logs, agendas, and/or sign-in sheets. Data will be collected monthly and reported quarterly.
	7. Calculation Methodology:	Frequency Count
	8. Scope:	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
	9. Caveats:	None
	10. Responsible Person:	Traci Brown, Director of Finance Steve Farber, Attorney/Compliance Dr. Brenda Webster, Director of Communications Jacques Vignes, IT Director Dr. Kashunda Williams, Director of Quality & Data Management Tremika Simon, Director of Practice Management Geraldine Turner-Warren, Director Child/Adolescent Behavioral Health Programs Donna Francis, Director I/DD 504-568-3130

INDICATOR NAME**Indicator 3.1:**

Percentage of MHSD clinics implementing modified scheduling (i.e., walk-ins, early morning, weekend, and evening hours).

- 1. Type and Level:** Outcome/Key
- 2. Rationale:** A measure of the District's impact on accessibility across all MHSD clinics.
- 3. Use:** This indicator will be used for performance-based budgeting.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** Review of the published clinic schedule. The validity of the data collected will be supported by a random sampling of clinic operations logs. The reported data will be maintained using electronic records.
- 6. Data Source, Collection, and Reporting:** The data source will be the published clinic schedule. Data will be collected and reported quarterly.
- 7. Calculation Methodology:** Percentage. NUMERATOR: Number of clinics implementing modified scheduling in the time period.
DENOMINATOR: Total number of MHSD clinics in the time period.
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** None
- 10. Responsible Person:** Paulanner Mack, Director of Operations
Tremika Simon, Director of Practice Management
504-568-3130

INDICATOR NAME	1. Type and Level:	Output/ General
Indication 4.1:	2. Rationale:	Used to inform the District's engagement in data management and reporting.
Percentage of MHSD essential reports that were submitted by their due dates.	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	Submission of completed reports by due date. Validation method will be to confirm that the reports were submitted on-time. Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	The collection of complete reports. Data will be collected and reported quarterly.
INDICATOR NAME	7. Calculation Methodology:	Percentage. NUMERATOR: Number of MHSD essential reports that were submitted by the due date. DENOMINATOR: Total number of MHSD essential reports.
Indication 4.1: Percentage of MHSD essential reports that were submitted by their due dates.	8. Scope:	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
	9. Caveats:	None.
	10. Responsible Person:	Dr. Kashunda Williams, Director Quality and Data Management 504-568-3130

INDICATOR NAME

Indicator 4.2: The number of documented electronic health record/data systems audits.

- 1. Type and Level:** Output/ General
- 2. Rationale:** Used to inform the District's management of data systems.
- 3. Use:** This indicator will be used for internal management purposes.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** Count of completed EHR/data systems audits. Validation method will be to confirm that the occurrence of the audits. Electronic records will be maintained.
- 6. Data Source, Collection, and Reporting:** The collection of complete EHR/data systems audit reports, logs, or other audit documentation. Data will be collected and reported quarterly.
- 7. Calculation Methodology:** Frequency count
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** None.
- 10. Responsible Person:** Dr. Kashunda Williams, Director Quality and Data Management
504-568-3130

<p>INDICATOR NAME Indicator 5.1: Number of MHSD staff that participate in community outreach/events.</p> <p>INDICATOR NAME Indicator 5.1: Number of MHSD staff that participate in community outreach/events.</p>	<ol style="list-style-type: none"> 1. Type and Level: Input/ General 2. Rationale: Correlates with the community's awareness of MHSD. 3. Use: This indicator will be used for internal management purposes. 4. Clarity: Indicator clearly identifies what is being measured. 5. Accuracy, Maintenance, and Support: Staff self-reporting of attendance via surveys will be validated with by the submission of event registration and confirmation documents. Electronic records will be maintained. 6. Data Source, Collection, and Reporting: Staff self-report via surveys collected monthly and reported quarterly. 7. Calculation Methodology: Frequency count 8. Scope: Aggregated; this indicator could be combined with similar indicators in other districts/regions. 9. Caveats: The indicator is a self-reported measure. To strengthen reporting a validation method has been identified, but as with all self-reported measures is a degree of error remains. 10. Responsible Person: Dr. Kashunda Williams, Director Quality and Data Management 504-568-3130
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INDICATOR NAME**Indicator 5.2:**

Number of non-MHSD staff that participate in MHSD community outreach/events.

- 1. Type and Level:** Input/ General
- 2. Rationale:** Correlates with the community's awareness of MHSD.
- 3. Use:** This indicator will be used for internal management purposes.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** Electronic records will be maintained.
- 6. Data Source, Collection, and Reporting:** Internal logs, sign-in sheets, counts collected at events. Submitted monthly and reported quarterly.
- 7. Calculation Methodology:** Frequency count
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** None
- 10. Responsible Person:** Dr. Kashunda Williams, Director Quality and Data Management
504-568-3130

INDICATOR NAME	1. Type and Level:	Input/ General
Indicator 5.3:	2. Rationale:	Correlates with the community's awareness of MHSD.
Number of individuals impacted or the "total reach" via media campaigns, PSA's, billboards, etc.	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	Total reach reports from media outlets. Submitted monthly and reported quarterly.
	7. Calculation Methodology:	Frequency count
	8. Scope:	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
	9. Caveats:	None
	10. Responsible Person:	Dr. Brenda Webster, Director of Communications 504-568-3130

INDICATOR NAME**Indicator 6.1:**

Percentage of surveyed staff and community partners that complete education/training needs survey.

- 1. Type and Level:** Input/ General
- 2. Rationale:** Used to inform the District of staff/partner views as it relates to education/training.
- 3. Use:** This indicator will be used for internal management purposes.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** The validity of the data collected will be supported by the use of an electronic surveying system. Electronic surveying is affiliated with increased reporting accuracy. The reported data will be maintained using electronic records.
- 6. Data Source, Collection, and Reporting:** The data source will be the electronic survey system. Data will be collected and reported semi-annually.
- 7. Calculation Methodology:** Percentage. NUMERATOR: Number of MHSD staff/partners completing the training in the time period.
DENOMINATOR: Total number of MHSD full time staff/partners in the time period.
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** MHSD staffs' lack of participation in survey completion can negatively impact the District's perceived engagement.
- 10. Responsible Person:** Dr. Kashunda Williams, Director Quality and Data Management
504-568-3130

INDICATOR NAME	1. Type and Level:	Quality/ General
Indicator 7.1:	2. Rationale:	Used to inform the District's service prevision.
Percentage of clinic service contracts monitored.	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	Monitoring logs, reports, and/or other documents. Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	Logs and/or reports. Data will be collected and reported quarterly.
	7. Calculation Methodology:	Percentage. NUMERATOR: Number of clinic service contracts monitored. DENOMINATOR: Total number of MHSD clinic contracts.
	8. Scope:	This indicator could be combined with similar indicators in other districts/ regions.
	9. Caveats:	None
	10. Responsible Person:	Tremika Simon, Director Adult Behavioral Health Programs 504-568-3130

INDICATOR NAME**Indicator 8.1:**

Percentage of MHSD staff who have participated in training opportunities regarding co-occurring disorders.

- 1. Type and Level:** Input/ General
- 2. Rationale:** Used to inform the District of staff competency in services for persons with co-occurring disorders.
- 3. Use:** This indicator will be used for internal management purposes.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** Submission of internal logs and/or sign-in sheets. Validation method will be the submission of agendas and/or training materials to confirm that activities involved co-occurring disorders. Electronic records will be maintained.
- 6. Data Source, Collection, and Reporting:** The data source will be of internal logs and/or sign-in sheets. Data will be collected monthly and reported annually.
- 7. Calculation Methodology:** Percentage. NUMERATOR: Number of MHSD full time staff participating in the training for the time period. DENOMINATOR: Total number of MHSD full time staff in the time period.
- 8. Scope:** Aggregated; this indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** None.
- 10. Responsible Person:** Krystal Casson, Human Resources Director
504-568-3130

INDICATOR NAME	1. Type and Level:	Quality/ General
Indicator 9.1:	2. Rationale:	Used to inform the District's practices relative to shared resources.
Number of audits completed of provider billing.	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	Audit logs, reports, and/or other documents. Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	Logs and/or reports. Data will be collected and reported semi-annually.
	7. Calculation Methodology:	Frequency Counts
	8. Scope:	This indicator could be combined with similar indicators in other districts/ regions.
	9. Caveats:	None
	10. Responsible Person:	Traci Brown, Director of Finance 504-568-3130

09-304 Metropolitan Human Services District

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM	MHSD
ACTIVITY	DEVELOPMENTAL DISABILITIES
OBJECTIVES	<p><u>Objective 1:</u> Each year through June 30, 2019, MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD.</p> <p><u>Objective 2:</u> Each year through June 30, 2019, MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD.</p> <p><u>Objective 3:</u> Each year through June 30, 2019, MHSD will effectively manage the delivery of individualized community based supports & services through support coordination that assists individuals and family supports in achieving their personally defined outcomes.</p>

INDICATOR NAME
Indicator 1.1: Total number of individual request for intellectual/ developmental disabilities services.

- 1. Type and Level:** Output
- 2. Rationale:** This indicator provides data on the number of people receiving state-funded intellectual/ developmental disabilities community based services from DD.
- 3. Use:** The date will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support** This indicator is tied to the agency mission for the delivery of intellectual/ developmental disabilities services. Data is reviewed by the Program and Quality staff.
- 6. Data Source, Collection, and Reporting:** The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/ developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.

INDICATOR NAME
Indicator 1.1: Total number of individual request for intellectual/ developmental disabilities services.

- 7. Calculation Methodology:** Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
- 8. Scope:** This indicator could be combined with similar indicators in other districts/ regions.
- 9. Caveats:** This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from DD. It does not reflect the total number of units of service provided.
- 10. Responsible Person:** Donna Francis, DD Director
504-568-31330

INDICATOR NAME	1. Type and Level:	Output; Key
Indicator 2.1: Total number of individual receiving services, placement, and crisis support.	2. Rationale:	This indicator provides data on the number of people receiving intellectual/developmental disabilities community based services from DD.
	3. Use:	The date will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support	This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
	6. Data Source, Collection, and Reporting:	The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
	7. Calculation Methodology:	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
INDICATOR NAME	8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
Indicator 2.1: Total number of individual receiving services, placement, and crisis support.	9. Caveats:	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from DD. It does not reflect the total number of units of service provided.
	10. Responsible Person:	Donna Francis, DD Director 504-568-31330

INDICATOR NAME
Indicator 2.2:
Number of
consumers receiving
case subsidy.

- 1. Type and Level:** Output
- 2. Rationale:** This indicator provides data on the number of people receiving DD supportive services.
- 3. Use:** The date will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support** This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
- 6. Data Source, Collection, and Reporting:** The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.

INDICATOR NAME
Indicator 2.2:
Number of
consumers receiving
case subsidy.

- 7. Calculation Methodology:** Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
- 8. Scope:** This indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from DD. It does not reflect the total number of units of service provided.
- 10. Responsible Person:** Donna Francis, DD Director
504-568-31330

INDICATOR NAME	1. Type and Level:	Output, Supporting
Indicator 2.3:	2. Rationale:	This indicator provides data on the number of people receiving DD supportive services.
Number of consumers receiving support coordination services.	3. Use:	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support	This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
	6. Data Source, Collection, and Reporting:	The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
INDICATOR NAME	7. Calculation Methodology:	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
Indicator 2.3:	8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
Number of consumers receiving support coordination services.	9. Caveats:	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from DD. It does not reflect the total number of units of service provided.
	10. Responsible Person:	Donna Francis, DD Director 504-568-31330

INDICATOR NAME**Indicator 2.4:**

Number of Individual Agreements with individual consumers.

- 1. Type and Level:** Output, Key
- 2. Rationale:** This indicator provides data on the number of people receiving DD supportive services.
- 3. Use:** The date will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
- 4. Clarity:** Indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, and Support:** This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
- 6. Data Source, Collection, and Reporting:** The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.

INDICATOR NAME**Indicator 2.4:**

Number of Individual Agreements with individual consumers.

- 7. Calculation Methodology:** Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
- 8. Scope:** This indicator could be combined with similar indicators in other districts/regions.
- 9. Caveats:** This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from DD. It does not reflect the total number of units of service provided.
- 10. Responsible Person:** Donna Francis, DD Director
504-568-31330

INDICATOR NAME	1. Type and Level:	Output, Key
Indication 3.1:	2. Rationale:	This indicator provides data on the percentage of consumers who indicate satisfaction with the implementation of their individualized service plan.
Percentage of consumers who indicate satisfaction with partnership with MHSD in the development and implementation of the Individualized Service Plans as is reflected in the consumer evaluations/ surveys.	3. Use:	The date will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support	This indicator is tied to the agency mission for the delivery of intellectual/ developmental disabilities services. Data is reviewed by the Program and Quality staff.
	6. Data Source, Collection, and Reporting:	The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/ developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
INDICATOR NAME	7. Calculation Methodology:	Number of consumers satisfied as a percent of total surveyed.
Indication 3.1:	8. Scope:	This indicator could be combined with similar indicators in other districts/ regions.
Percentage of consumers who indicate satisfaction with partnership with MHSD in the development and implementation of the Individualized Service Plans as is reflected in the consumer evaluations/ surveys	9. Caveats:	None
	10. Responsible Person:	Donna Francis, DD Director 504-568-31330

09-304 Metropolitan Human Services District

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM	MHSD
ACTIVITY	CHILDRENS' BEHAVIORAL HEALTH SERVICES
OBJECTIVES	<p><u>Objective 1:</u> Each year through June 30, 2019, MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.</p> <p><u>Objective 2:</u> Each year through June 30, 2019, MHSD enhance Prevention programming, as part of its integrated system of care and service delivery.</p>
INDICATOR NAME	
Indicator 1.1:	
Number of outpatient therapy sessions provided (individual, group and family) for children/adolescents.	<p>1. Type and Level: Output/ General</p> <p>2. Rationale: Used to inform the District's outpatient therapy service provision.</p> <p>3. Use: This indicator will be used for internal management purposes.</p> <p>4. Clarity: Indicator clearly identifies what is being measured.</p> <p>5. Accuracy, Maintenance, and Support Electronic records will be maintained.</p> <p>6. Data Source, Collection, and Reporting: Electronic Health Record. Data will be collected and reported quarterly.</p> <p>7. Calculation Methodology: Frequency count</p> <p>8. Scope: Aggregated; this indicator could be combined with similar indicators in other districts/regions.</p> <p>9. Caveats: None.</p> <p>10. Responsible Person: Tremika Simon; Child/ Adolescent Behavioral Health Programs: 504-568-3130</p>

INDICATOR NAME	1. Type and Level:	Quality/ General
Indicator 1.2:	2. Rationale:	Used to inform the District's service provision.
Number of evidenced-based services provided via outpatient therapy (individual, group and family) for children/adolescents.	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support	Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	Electronic Health Record. Data will be collected and reported quarterly.
	7. Calculation Methodology:	Frequency count
	8. Scope:	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
	9. Caveats:	None.
	10. Responsible Person:	Geraldine Turner-Warren; Child/ Adolescent Behavioral Health Programs: 504-568-3130

INDICATOR NAME Indicator 1.3: Number of children receiving behavioral health services within the community.	1. Type and Level:	Output
	2. Rationale:	Measures reduction in barriers to service along with need for and utilization of services.
	3. Use:	To determine demand for services.
	4. Clarity:	Clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support	Good; counts of those served annually
	6. Data Source, Collection, and Reporting:	Internal records collected monthly and reported quarterly
	7. Calculation Methodology:	Numbers reported
	8. Scope:	This indicator could be combined with similar indicators in other districts/ regions.
	9. Caveats:	None
	10. Responsible Person:	Geraldine Turner-Warren; Child/ Adolescent Behavioral Health Programs: 504-568-3130

INDICATOR NAME	1. Type and Level:	Output/ General
Indicator 2.1:	2. Rationale:	Used to inform the District's implementation of prevention strategies that align with the Louisiana's Strategic Prevention Framework.
Percentage of implemented MHSD	3. Use:	This indicator will be used for internal management purposes.
prevention strategies that	4. Clarity:	Indicator clearly identifies what is being measured.
align with the	5. Accuracy, Maintenance, and Support:	Logs, reports, and/or other documents. Electronic records will be maintained.
Louisiana's	6. Data Source, Collection, and Reporting:	Logs and/or the electronic prevention data system. Data will be collected and reported quarterly.
Strategic	7. Calculation Methodology:	Percentage. NUMERATOR: Number of MHSD implemented prevention strategies that align with the Louisiana's Strategic Prevention Framework.
Prevention	8. Scope:	DENOMINATOR: Total number of MHSD prevention strategies.
Framework.	9. Caveats:	This indicator could be combined with similar indicators in other districts/ regions.
	10. Responsible Person:	None Geraldine Turner-Warren; Child/ Adolescent Behavioral Health Programs: 504-568-3130

09-304 Metropolitan Human Services District PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM	MHSD
ACTIVITY	ADULT BEHAVIORAL HEALTH SERVICES
OBJECTIVES	<p><u>Objective 1:</u> Each year through June 30, 2019, MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.</p> <p><u>Objective 2:</u> Each year through June 30, 2019, MHSD will engage in continuous quality improvement efforts.</p>
INDICATOR NAME Indicator 1.1: Number of outpatient therapy sessions provided (individual, group and family) for adults.	<p>1. Type and Level: Output/ General</p> <p>2. Rationale: Used to inform the District's outpatient therapy service provision.</p> <p>3. Use: This indicator will be used for internal management purposes.</p> <p>4. Clarity: Indicator clearly identifies what is being measured.</p> <p>5. Accuracy, Maintenance, and Support Electronic records will be maintained.</p> <p>6. Data Source, Collection, and Reporting: Electronic Health Record. Data will be collected and reported quarterly.</p> <p>7. Calculation Methodology: Frequency count</p> <p>8. Scope: Aggregated; this indicator could be combined with similar indicators in other districts/regions.</p> <p>9. Caveats: None.</p> <p>10. Responsible Person: Tremika Simon, Director of Practice Management 504-568-3130</p>

<p>INDICATOR NAME Indicator 1.2: Number of evidenced-based services provided via outpatient therapy (individual, group and family) for adults.</p>	<p>1. Type and Level: 2. Rationale: 3. Use: 4. Clarity: 5. Accuracy, Maintenance, and Support 6. Data Source, Collection, and Reporting: 7. Calculation Methodology: 8. Scope: 9. Caveats: 10. Responsible Person:</p>	<p>Quality/ General Used to inform the District's service provision. This indicator will be used for internal management purposes. Indicator clearly identifies what is being measured. Electronic records will be maintained. Electronic Health Record. Data will be collected and reported quarterly. Frequency count Aggregated; this indicator could be combined with similar indicators in other districts/regions. None. Tremika Simon, Director Adult Behavioral Health Programs 504-568-3130</p>
<p>INDICATOR NAME Indicator 1.2: Number of evidenced-based services provided via outpatient therapy (individual, group and family) for adults.</p>		

**INDICATOR
NAME Indicator**

1.3: Number of adults served in the Community Mental Health Centers (CMHS) area-wide (mental health patients only)

- 1. Type and Level:** Outcome; Key
- 2. Rationale:** This indicator provides data on the total number served in the community mental health centers.
- 3. Use:** Provides data on progress towards improving quality of care.
- 4. Clarity:** Indicates clearly what is being measured
- 5. Accuracy, Maintenance, and Support** This indicator ties to the agency mission of serving those with behavioral health needs and is reviewed by the Program and Quality staff.
- 6. Data Source, Collection, and Reporting:** Ad Hoc reporting system reflecting admits by CBHC from MHSD medical record
- 7. Calculation Methodology:** Unduplicated count of those receiving services within each MHSD clinic/ facility
- 8. Scope:** This indicator could be combined with similar indicators in other districts/ regions.
- 9. Caveats:** None
- 10. Responsible Person:** Dr. Kashunda Williams, Director Quality and Data Management
504-568-3130

INDICATOR NAME Indicator 2.1: Maintenance of Commission on Accreditation of Rehabilitation Facilities (CARF) A/R program accreditation.	1. Type and Level:	Quality/ General
	2. Rationale:	Used to inform the District's service provision.
	3. Use:	This indicator will be used for internal management purposes.
	4. Clarity:	Indicator clearly identifies what is being measured.
	5. Accuracy, Maintenance, and Support:	Electronic records will be maintained.
	6. Data Source, Collection, and Reporting:	CARF accreditation documents. Data will be collected and reported quarterly.
	7. Calculation Methodology:	Frequency count
	8. Scope:	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
	9. Caveats:	None.
	10. Responsible Person:	Dr. Kashunda Williams, Director of Quality and Data Management 504-568-3130

Program A: Medical Vendor Administration

Principal Customers/Users of the Program and Benefits: There are two principal customers/users of the Medicaid Program: recipients of Medicaid services and providers of Medicaid services. Recipients generally fall into three categories: mothers and children (including pregnant women), elderly people, and persons with disabilities and chronic conditions. Medicaid providers are purveyors of covered medically necessary services to Medicaid recipients and may be individually owned, group owned, a governmental entity or an incorporated business.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Internal factors that could affect the achievement of goals and objectives include the level and qualifications of staff, agency priorities, and coordination/cooperation between agencies of the Department.

Several external factors have significant influence on our ability to achieve the goals and objectives as stated. Primary factors are the appropriation of funding, changes in federal rules and regulations, utilization of services by recipients, growth or expansion of the eligible population shifts in state demographics, state economy and unemployment rate, medical inflation rate, participation rates of medical providers, new and increasingly expensive medical procedures and drugs, and changes in Legislative priorities.

Methods Used to Avoid Duplication of Effort: The Bureau of Health Services Financing (BHSF) is the sole entity in the state of Louisiana responsible for the administration of Medicaid funds. In this role, the Bureau coordinates the use of these funds across several agencies within the Department of Health and a few outside of the Department, largely the Louisiana Department of Children and Family Services (DCFS). In all cases federal rules, regulations and guidelines, as well as, policies issued by the BHSF, govern the use of funds and the BHSF oversees implementation. Consequently, the Bureau is able to assure coordination of effort and avoidance of duplication.

Within BHSF there are a number of programs and functions. The Medicaid Deputy Directors work closely with the Medicaid Director and with each other and are responsible for the coordination of the activities of BHSF between the programs. Each Program administered by the Bureau has a Section Chief who is responsible for program management and oversight and working in a complementary manner with the other Section Chiefs. Meetings of Deputy Directors and the Section Chiefs occur frequently and on an as-needed basis and are used to address issues and potential conflicts between programs. In this manner potential duplication and other issues critical to the administration of funds are examined and solved.

Program Evaluations used to Develop Goals, Objectives and Strategies:

- Review and evaluations of management reports
- Conferences with recipient and provider association
- Bureau planning and policy development sessions

- Customer service surveys
- Ongoing assessment to review progress in meeting performance standards

Agency Goals:

- I. To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.
- II. To expand existing and develop additional community-based services as an alternative to institutional care.
- III. To ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities.
- IV. To assure accountability through reporting and monitoring of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.
- V. To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both the providers and the Medicaid administrative staff.
- VI. To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for healthcare in Louisiana.

Statutory Authority for Goal: The Constitution of Louisiana (1974), Article 12, Section 8, declares that the Legislature may establish a system of economic security and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq. and Louisiana Revised Statute 46:976 give the Louisiana Department of Health (LDH) secretary authority to direct and be responsible for the Medical Assistance Program and the Children's Health Insurance Program (Title XIX and XXI of the Social Security Act). Authority is also given to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices.

Primary Persons Who Will Benefit From or Be Significantly Affected by Objectives: Louisiana citizens, with the vast majority of the services being provided to Medicaid eligible recipients. Additionally, there is an economic impact upon medical services provided within the State of Louisiana resulting from the reimbursements made to the medical community for the delivery of medically necessary services.

09-306 Medical Vendor Payments

Program A: Payments to Private Providers (Dispro Excluded) and Program B: Payment to Public Providers (Dispro Excluded)

Programs A and B are being combined for planning purposes. In terms of services rendered, the programs and their goals, objectives and indicators are identical. Payments for services rendered are made to either public or private vendors and will be reported along those lines. It should be noted, however, that control over the amount of monies going to public versus private entities is affected by the service recipient's choice of vendors.

Principal Customers/Users of the Program and Benefits: There are two principal customers/users of the Medicaid Program: recipients of Medicaid services and providers of Medicaid services. Recipients generally fall into three categories: mothers and children (including pregnant women), elderly people, and persons with disabilities and chronic conditions. Medicaid providers are purveyors of covered medically necessary services to Medicaid recipients and may be individually owned, group owned, a governmental entity or an incorporated business. Same as MVA above, may want to add in Expansion Population as a category

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Internal factors that could affect the achievement of goals and objectives include the level and qualifications of staff, agency priorities, and coordination/cooperation between agencies of the Department.

Several external factors have significant influence on our ability to achieve the goals and objectives as stated. Primary factors are the appropriation of funding, changes in federal rules and regulations, utilization of services by recipients, growth or expansion of the eligible population shifts in state demographics, state economy and unemployment rate, medical inflation rate, participation rates of medical providers, new and increasingly expensive medical procedures and drugs, and changes in Legislative priorities.

Methods Used to Avoid Duplication of Effort: The Bureau of Health Services Financing (BHSF) is the sole entity in the state of Louisiana responsible for the administration of Medicaid funds. In this role, the Bureau coordinates the use of these funds across several agencies within the Department of Health and a few outside of the Department, largely the Louisiana Department of Children and Family Services (DCFS). In all cases federal rules, regulations and guidelines, as well as, policies issued by the BHSF, govern the use of funds and the BHSF oversees implementation. Consequently, the Bureau is able to assure coordination of effort and avoidance of duplication.

Within BHSF there are a number of programs and functions. There are three Medicaid Deputy Directors, each of whom is responsible for different areas of the Medicaid program (Eligibility, Waiver, and Operations). These Deputy Directors work closely with the Medicaid Director and with each other and are responsible for the coordination of the activities of BHSF between the programs. Each Program administered by the Bureau has a

Section Chief who is responsible for program management and oversight and working in a complementary manner with the other Section Chiefs. Meetings of Deputy Directors and the Section Chiefs occur frequently and on an as-needed basis and are used to address issues and potential conflicts between programs. In this manner potential duplication and other issues critical to the administration of funds are examined and solved.

Program Evaluations used to Develop Goals, Objectives and Strategies:

- Review and evaluations of management reports
- Conferences with recipient and provider association
- Bureau planning and policy development sessions
- Customer service surveys
- Ongoing assessment to review progress in meeting performance standards

Agency Goals

Goal I

To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.

Goal II

To expand existing and develop additional community-based services as an alternative to institutional care.

Goal III

To ensure cost effectiveness in the delivery of healthcare services by using efficient management practices such as value based payment and transforming hospital provider reimbursement.

Goal IV

To assure accountability through reporting and monitoring of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.

Goal V

To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both providers and Medicaid administrative staff.

Goal VI

To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for healthcare in Louisiana to maximize revenue opportunities.

Statutory Authority for Goal: The Constitution of Louisiana (1974), Article 12, Section 8, declares that the Legislature may establish a system of economic security and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., and Louisiana Revised Statute 46:976 give the Louisiana Department of Health (LDH) secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the Children's Health Insurance Program (CHIP). Title XXI of the Social Security Act and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program, Title XIX of the Social Security Act and funding for CHIP, Title XXI of the Social Security Act.

Primary Persons Who Will Benefit From or be Significantly Affected by Objective:

Louisiana citizens, with the vast majority of the services being provided to Medicaid eligible recipients. Additionally, there is an economic impact upon medical services provided within the State of Louisiana resulting from the reimbursements made to the medical community for the delivery of medically necessary services.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Percentage of Medicaid applications received online

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 25540

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Efficiency

Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because by increasing the number of online applications, we are able to utilize tools that streamline the entry of the information into our Medicaid Eligibility Data System (MEDS) and perform immediate verifications through data hubs. This eliminates work that would normally be performed by eligibility staff thus improving processing times and reducing some operational costs.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used to help management know if outreach or other measures need to be taken to increase the number of Louisiana residents applying online.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The Louisiana Department of Health Application Suite System tracks the number of on-line applications received.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Louisiana Department of Health Application Suite System is used to pull numbers for all applications received. The numbers pulled from Application Suite are then compiled into an on-going report which is updated monthly. This report is posted to a SharePoint site for Management review.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The sum of all applications received is divided by the sum of all applications received online which gives us the percentage of applications received online.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is an aggregate of the number of applications received online and can be broken down by: online, online (telephone), online (in-house) and incomplete on-line applications.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of children enrolled through Express Lane Eligibility (ELE)

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 25539

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Efficiency

Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The department exercised the federal Medicaid "Express Lane Eligibility" option for children who receive Supplemental Nutrition Assistance Program (SNAP) benefits to reach and retain eligible children. This process helps remove barriers to enrollment, reduce duplicative effort by applicants and improve operational efficiencies. This indicator was selected because it tracks the number of children who are enrolled automatically based on decisions made by other government agencies thus reducing the number of manual applications that Medicaid staff must process. It is a valid measure of performance for this Objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will assist management in determining if the program should continue and be expanded to include other government agencies beyond those currently involved in this process.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce a monthly report: The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly report MEM0660R1 ELE Certs Added. The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Monthly ViewDirect reports MEM0660R1 ELE Certs Added is used to determine the number of children enrolled through Express Lane Eligibility.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is aggregated sum of children enrolled through the ELE process and can be broken down by State, Region, and Parish.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of certified Medicaid Application Centers

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **25545**

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Output

Level: General Performance Information

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Medicaid eligibility is a vital component of this section. Medicaid Application Centers are extensions to the communities we serve, which make Medicaid accessible to all. These centers assist individuals and families with their initial application for Medicaid. This indicator reports how many community partners help with our primary mission.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

Management uses the number of application centers to gauge potential Medicaid presence statewide. The number of application centers assisted management with recent Medicaid office closures and consolidations. This indicator is used internally, but shared with others when requested.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator name clearly identifies what is being measured. Application centers are often referred to as ACs.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis?)

How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source of data is the Online Application Center Certified Application Center Report. The report can be generated at any time the number of application centers is needed. These systems are continuously updated to reflect real-time information. The indicator is reported on a state fiscal year, most current data available at request date and the frequency is consistent.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator is derived from the total number of application centers reported by the Online Application Certified AC Report.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is aggregated. The total reflects a statewide figure, which can be broken down into region and parish.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are centers with trained staff available to assist with Medicaid applications if needed; however, some are not as active as others.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The Louisiana Department of Health, Medical Application Center Program is responsible for the collection of data analysis and quality. Primary contacts are:

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Percentage of applications for pregnant women approved within 5 calendar days

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code 24036

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Outcome

Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

One of the key factors in low birth weight babies is lack of prenatal care. In an effort to improve the quality of health care for pregnant women, the Department's goal is to enroll pregnant women earlier to ensure healthier babies. As part of this initiative to expedite the pregnant women applications, the agency has implemented procedures to reduce the number of days that it takes to process these applications. This indicator was selected to help monitor productivity and enrollment activity of this high risk population.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decisions involving staff allocation, productivity, work hours, outreach and out stationing. It will also be used for internal management and budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The name clearly identifies what we are trying to measure, and it does not contain unclear terms. This measurement does not include Pregnant Woman applications that are denied.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This information has not been audited by the Office of Legislative Auditor. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce a monthly report: The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data comes from the Medicaid Eligibility Data System (MEDS). The data collection source is the monthly *Pregnant Woman Application Processing Time Frames (MEM0817R1)* report calculated at the parish, region and statewide level. The data is gathered monthly and the report is generated on the night of the first working day of the following month.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The sum of all Medicaid Pregnant Woman applications processed within 5 days obtained from the MEM0817R1 divided by the sum of all Pregnant Woman applications processed gives us the percentage of Pregnant Women applications processes within 5 days.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

The indicator is aggregated. The processing time for approved Pregnant Woman applications is calculated at the statewide as well as the region and parish levels and breakdowns are available. The agency does not intend to combine reports for this group with other groups that have a federal application processing time of 45 days for children and families related and 90 days for disability related because of the urgency placed on this population.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator. The reports that will be used to report this indicator have been in production for several years.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Percentage of applications for LaCHIP & Medicaid programs for children approved within 15 calendar days

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code 25541

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Outcome

Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected to better monitor our productivity through the eligibility activity, to inform, identify and enroll eligible children into LaCHIP/Medicaid by processing applications timely and to improve access to health care for uninsured children through the LaCHIP program. It is also cost effective to the Department to provide periodic and early screening to children.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decisions concerning staff performance, over time as deemed necessary, and also for internal management and budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The name uses the acronym: LaCHIP to refer to 'Louisiana Children Health Insurance Program'. It clearly identifies what we are trying to measure, and it does not contain unclear terms. This measurement does not include applications for children that are denied.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to

support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data comes from internal reports database: MEM0817R5 –CHIP and MEM0817R6-CHAMP. The data is gathered monthly and the report is generated on the night of the first working day of the following month.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The sum of all LaCHIP and Medicaid applications for children processed within 10 days obtained from MEM0817R5 and MEM0817R6 divided by the sum of all LaCHIP and Medicaid applications for children processed gives us the percentage of LaCHIP and Medicaid applications for children processed within 10 days.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

The indicator is aggregated. Due to the aggressive efforts to reach this goal, this indicator is not likely to be combined with indicators for other client groups which applications have a time frame of 45 days – including CHIP and CHAMP- for Children and family related and 90 days for disability related because of the importance to insure this population.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

We do not predict to have limitations or weaknesses because the report has been in production for a reasonable time and this is only a further step to measure the results by putting it into an indicator. The source of the data does not contain partialities and includes all type of applications without any kind of favoritism.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: 2-Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of individuals enrolled in all Medicaid and LaCHIP programs

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 25543

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Output

Level: General Performance Information

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because it tracks total number of individuals currently enrolled in Louisiana's Medicaid program and Louisiana Children's Health Insurance Program (LaCHIP). This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making. This indicator will help management determine and monitor the number of individuals enrolled in Medicaid and LaCHIP and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the ViewDirect report series MEM0981Rxx, Active AU Members. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Medicaid Eligibility Data System (MEDS) produces data needed to populate the monthly reports in ViewDirect (MEM0981Rxx series of reports). The data from the ViewDirect reports is then compiled in an Enrollment Trends report on a monthly basis.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The calculation is the total of all individuals in an active certification in the MEDS system that month regardless of age or type case.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the aggregated sum of all individuals enrolled in both Medicaid and LaCHIP and can be broken down into any type case as well as by region and parish.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of applications processed annually

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 25544

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Efficiency
Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because it tracks the total number of Medicaid and Louisiana Children's Health Insurance Program (LaCHIP) applications that were processed and a decision was rendered. This information is vital to the administration of the Medicaid Eligibility Division. It is beneficial to management in determining staffing needs and planning for the organizational structure of the division.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used by management to understand staffing needs, where efficiencies may be realized, identify if procedural changes are needed and the type of training required based on the types of applications being processed.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the ViewDirect report series MEM0814R90, State Totals w/APPL Grand Totals. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The ViewDirect report series MEM0814R90, State Totals w/APPL Grand Totals, is a monthly report that provides data on the number of applications received, the type of case that was processed and the number of applications processed in the month.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The ViewDirect report series MEM0814R90, State Totals w/APPL Grand Totals, provides data on the number of applications received during the month, as well as how many applications were approved or rejected as well as still pending a decision.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is an aggregate of the number of applications received statewide during the month.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of children enrolled as Title XXI eligibles

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 2241

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Output

Level: Supporting Performance Information

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because it tracks number of children currently enrolled in Title XXI which is the State Children's Health Insurance Program (CHIP). This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children enrolled in Louisiana Children's Health Insurance Program (LaCHIP) and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator name clearly identifies what is being measured. Title XXI of the Social Security Act is the State Children's Health Insurance Program and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Recipient Chip Quarterly Statistic Report (RS-O-91) report which is developed from the Medicaid Management Information System (MMIS) mainframe and its accuracy and reliability relies on the MMIS mainframe.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source of this indicator is a VSAM file (table in a database) that is pulled from the MMIS mainframe. A subset is then made from this table to create the monthly RS-O-91 report that specifically reports on LaCHIP enrollment.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator is calculated at Unisys by extracting enrollment data from the MMIS mainframe and creating the RS-O-91 report using that data. The total LaCHIP enrollment is comprised of the 5 phases of LaCHIP which are: Phase I (typecase 007), Phase II (typecase 015), Phase III (typecase 055), Phase IV (typecase 127), and Phase V (typecase 134) and can be broken down by each phase.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the aggregated sum of children enrolled in the 5 different phases of LaCHIP. Phase I (covers children up to 133% Federal Poverty Level (FPL)), Phase II (covers children from 134-150% FPL), Phase III (covers children from 151-200% FPL), Phase IV (covers pregnant, non-citizen women from 150 to 200% FPL), and Phase V (covers children from 201-250% FPL).

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of children enrolled as Title XIX eligibles

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 2242

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Output

Level: Supporting Performance Information

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because it tracks number of children (under age 19) currently enrolled in Title XIX which is the Medicaid. This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children enrolled in Louisiana's Medicaid Program and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator name clearly identifies what is being measured. Title XIX of the Social Security Act establishes the Federal/State Medicaid program and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Recipient Chip Quarterly Statistic Report (RS-O-91) and Children Under 19 Recipient Statistic Report (RS -O-92) which are developed from the Medicaid Management Information System (MMIS) mainframe and their accuracy and reliability relies on the MMIS mainframe data.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source of this indicator is a VSAM file (table in a database) that is pulled from the MMIS mainframe. A subset is then made from this table to create the monthly RS-O-91 and RS-O-92 reports that specifically report on children enrollment in Medicaid and Louisiana Children's Health Insurance Program (LaCHIP).

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator is calculated at Unisys by extracting enrollment data from the MMIS mainframe and creating the RS-O-91 and RS-O-92 reports using that data. The RS-O-91 report shows the total number of children enrolled in LaCHIP and the RS-O-92 report shows the total number of children enrolled in both Medicaid and LaCHIP. Therefore, to calculate the Medicaid enrollment number only, the LaCHIP total enrollment is subtracted from the RS-O-92 total.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the aggregated sum of all children enrolled in Medicaid and LaCHIP minus the number of children enrolled in LaCHIP. This indicator can be broken down into any typecase that contains an eligible child.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Total number of children under age 19 enrolled

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 10013

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Output

Level: Key Performance Information

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because it tracks total number of children currently enrolled in Louisiana's Medicaid program and Louisiana Children's Health Insurance Program (LaCHIP). This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children enrolled in Medicaid and LaCHIP and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator name clearly identifies what is being measured and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Children Under 19 Recipient Statistic Report (RS -O-92) report which is developed from the Medicaid Management Information System (MMIS) mainframe and its accuracy and reliability relies on the MMIS mainframe data.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source of this indicator is a VSAM file (table in a database) that is pulled from the MMIS mainframe. A subset is then made from this table to create the monthly RS-O-92 report that specifically reports on total children's enrollment.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator is calculated at Unisys by extracting enrollment data from the MMIS mainframe and creating the RS-O-92 report using that data. The total children's enrollment is comprised of all eligibles under age 19.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the aggregated sum of all children enrolled in Medicaid and LaCHIP and can be broken down into any type case that contains an eligible child.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Percentage of renewals processed and not closed for procedural reasons.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 17038

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Outcome
Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator measures the effectiveness of the agency's efforts to decrease the number of otherwise eligible children who lose eligibility at annual renewals solely due to procedural reasons.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator measures the effectiveness of the Agency's efforts to simplify not only the enrollment process, but the renewal process as well. This has been identified as one of the keys to reducing the number of uninsured children in the state. It also provides critical information on how many children are losing public health care coverage (Medicaid) for procedural reasons.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

Procedural closures are those closures of cases in which ineligibility has not been established. The sole reason for closure is failure to follow administrative procedures necessary for renewal.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports: LaCHIP Procedural Closures at Renewal (MEM0160R10) and CHAMP Procedural Closures at Renewal (MEM0160R11). The reports are available in ViewDirect to Medical Vendor Administration staff for tracking, monitoring, and programmatic decision making.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Monthly ViewDirect reports MEM0160R10-LaCHIP and MEM0160R11-CHAMP are used to determine the percentage of procedural closures at renewal. Three months of data for both programs is used in determining the monthly average (3 month total divided by 3). The quarterly average is then divided by the two (2) programs to provide the quarterly percentage. This Performance Indicator reports quarterly percentage and it is not cumulative.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

The total number of CHAMP/LaCHIP eligibles closed at renewal using code 75 (no renewal form/verification after contact with recipient) and code 94 (no contact with recipient/unable to locate) for each month of the quarter are divided by the total number of CHAMP/LaCHIP eligibles requiring renewal for that specific period. This calculation is done at the statewide as well as local parish level.

This indicator represents two client groups: CHIP and CHAMP (children under 19 years old) and it can be combined with indicators for other client groups.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

We do not predict to have limitations or weaknesses.

This indicator is not a replacement or an alternative and it has been reported for a reasonable time. The source of the data does not contain partialities and includes all closures at renewal for CHIP and CHAMP.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Percentage of calls received through the Medicaid & LaCHIP hotlines that hold for a representative less than 5 minutes

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 24041

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Efficiency

Level: Supporting Performance Information

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected because it tracks the percentage of calls received through the Medicaid and LaCHIP hotlines that are placed on hold for a representative less than 5 minutes. This information is vital to determining administrative and budget costs, as well as projections regarding the number of staff necessary to support these hotlines. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making. This indicator will help management determine and monitor the number of calls and wait times, and make decisions on administration, staffing and budget issues necessary to support this population. This indicator will not be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator name clearly identifies what is being measured and LaCHIP is defined as Louisiana Children's Health Insurance Program.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the automatic call distribution (ACD) hotline operated by the Medicaid/LaCHIP Customer Service Unit, and the accuracy and reliability relies on those reports.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

This source for this indicator is a report generated by the state contractor, CosmoCom. The report is generated on a nightly basis.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator is calculated by taking the daily number of calls handled following less than a 5-minute wait time and dividing it by the total number of calls received that day.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the statewide aggregated sum of the total number of calls handled following less than a 5-minute wait time.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of children renewed through Express Lane Eligibility (ELE)

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 25542

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Type: Efficiency

Level: Key

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The department exercised the federal Medicaid "Express Lane Eligibility" option for children who receive Supplemental Nutrition Assistance Program (SNAP) benefits to reach and retain eligible children. This process helps remove barriers to enrollment, reduce duplicative effort by applicants and improve operational efficiencies. This indicator was selected because it tracks the number of children who are renewed automatically based on decisions made by other government agencies thus reducing the number of manual renewals that Medicaid staff must process. It is a valid measure of performance for this Objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will assist management in determining if the program should continue and be expanded to include other government agencies beyond those currently involved in this process.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce a monthly report: The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly report ELE Re-Enrollment Outcomes (MEM0160R20). The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Monthly ViewDirect reports MEM0160R20 ELE Re-Enrollment Outcomes is used to determine the number of children renewed through Express Lane Eligibility.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is aggregated sum of children renewed through the ELE process and can be broken down by State, Region, and Parish.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Number of Adults enrolled through SNAP Assisted Enrollment

LaPAS PI Code: New

1. **Type and Level:** Efficiency. The level of reporting for this indicator is Key (K).
2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The department exercised the federal Medicaid "Express Lane Eligibility" option for adults who receive Supplemental Nutrition Assistance Program (SNAP) benefits to reach and retain eligible adults. This process helps remove barriers to enrollment, reduce duplicative effort by applicants and improve operational efficiencies. This indicator was selected because it tracks the number of children who are enrolled automatically based on decisions made by other government agencies thus reducing the number of manual applications that Medicaid staff must process. It is a valid measure of performance for this Objective.
3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will assist management in determining if the program should continue and be expanded to include other government agencies beyond those currently involved in this process.
4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce a monthly report. The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other SNAP assisted enrollment reports that management has created which are downloaded monthly to a SharePoint site to track SNAP assisted enrollment statistics.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly report MEM0660R1 SNAP assisted enrollments Added. The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other SNAP assisted enrollment reports that management has

created which are downloaded monthly to a SharePoint site to track SNAP assisted enrollment statistics.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
Monthly ViewDirect reports MEM0660R1 ELE Certs Added is used to determine the number of adults enrolled through the SNAP assisted enrollment process.
- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is aggregated sum of adults enrolled through the SNAP assisted enrollment process and can be broken down by State, Region, and Parish.
- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
There are no known limitations or weaknesses related to this indicator.
- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).
Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.

INDICATOR NAME: Percentage of applications for the New Adult Program approved with 15 calendar days

LaPAS PI Code: New

1. **Type and Level:** Outcome. The level of reporting for this indicator is Key (K).
2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator was selected to better monitor our productivity through the eligibility activity, to inform, identify and enroll eligible Adults into Medicaid by processing applications timely and to improve access to health care for uninsured adults through the New Adult program.
3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decisions concerning staff performance, over time as deemed necessary, and also for internal management and budgeting purposes.
4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator clearly identifies what we are trying to measure, and it does not contain unclear terms. This measurement does not include applications for adults that are denied.
5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the ViewDirect report series MEM0817R, Application Processing Times. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The data comes from internal reports database: MEM0817R. The data is gathered monthly and the report is generated on the night of the first working day of the following month.
7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method

used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The sum of all New Adult applications for adults processed within 15 days obtained from MEM0817R divided by the sum of all New Adult applications for processed gives us the percentage of New Adult applications for adults processed within 15 days.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is aggregated. Due to the aggressive efforts to reach this goal, this indicator is not likely to be combined with indicators for other client groups which applications have a time frame of 45 days –including CHIP and CHAMP- for Children and family related and 90 days for disability related because of the importance to insure this population.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

We do not predict to have limitations or weaknesses because the report has been in production for a reasonable time and this is only a further step to measure the results by putting it into an indicator. The source of the data does not contain partialities and includes all type of applications without any kind of favoritism.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Lathan.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2022.

INDICATOR NAME: Number of justice involved adults enrolled pre-release from incarceration

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

New

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **Type:** Output **Level:** General
2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator was selected because it tracks total number of adults enrolled in Louisiana's Medicaid program pre-release from incarceration. This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.
3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making. This indicator will help management determine and monitor the number of adults enrolled in Louisiana's Medicaid program pre-release from incarceration and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.
4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. This indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Pre-release Application Transfer File listing persons certified in 51-550 and 50-550. Redmane compiles the data needed to produce the monthly reports.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) Redmane produces the data needed to populate the monthly reports in the Pre-release Application Transfer File.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The calculation is the total of all justive involved adults enrolled pre-release from incarceration in an active certification in the MEDS system that month regardless of age or type case.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the aggregated sum of justive involved adults enrolled pre-release from incarceration in Medicaid and can be broken down into any type case as well as by region and parish.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

There are no known limitations or weaknesses related to this indicator.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Anita Milling, Eligibility Field Operations Section Chief, 225-342-8908, Anita.Milling@la.gov

Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Latham.Folse@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 305 – Medical Vendor Administration

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules, and regulations each year through June 30, 2022.

INDICATOR NAME: Administrative cost as a percentage of total cost

LaPAS PI Code: 24045

1. **Type and Level:** Efficiency/Key
2. **Rationale:** This indicator reports the percentage of total Medicaid cost to administer the Medicaid Program in relationship to the total Medicaid Program cost for the delivery of service.
3. **Use:** The results will be used by management to adjust administrative cost to not exceed the performance standard that has been set. This report is for internal management use. It will also be used for performance based budgeting to identify ways to cost effectively administer the Medicaid Program.
4. **Clarity:** Yes, the indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This is a new indicator for FY2011 and has not yet been audited by the Office of the Legislative Auditor. Calculations are made using information reported by the Division of Administration ISIS system.
6. **Data Source, Collection and Reporting:** The source of data for the indicator is the Division of Administration Financial database and internal databases which tracks the Existing Operating Budgets for Medical Vendor Administration and Medical Vendor Payments. The data is collected and reported on a SFY basis for the current year.
7. **Calculation Methodology:** The indicator is calculated by dividing the total Medicaid Administrative cost by the total Medicaid Program cost.
8. **Scope:** This indicator is aggregated. The calculation is based on the total cost.
9. **Caveats:** No, this indicator has no caveats.
10. **Responsible Person:**
DeEdra Hyde, Medicaid Program Manager 2,
Phone: 225-342-6034
Fax: 225-342-3893
Email: DeEdra.Hyde@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 305 – Medical Vendor Administration

ACTIVITY: 3-Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules, and regulations each year through June 30, 2022.

INDICATOR NAME: Percentage of State Plan amendments approved

LaPAS PI Code: 24046

1. **Type and Level:** Output; Level: General
2. **Rationale:** This indicator was chosen to report the percentage of State Plan amendments approved by the Centers for Medicaid and Medicare Services (CMS).
3. **Use:** The results are used by internal management to evaluate the performance of the personnel who are responsible for developing the State Plan amendments, writing, negotiating, and obtaining CMS approval of the proposed amendments.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor with positive results.
6. **Data Source, Collection and Reporting:** The source of the data is correspondence received from CMS indicating amendment approvals and the internal database. The data is collected quarterly and reported annually on a State Fiscal Year basis.
7. **Calculation Methodology:** The indicator is calculated by taking a count of the number of State Plan amendments approved by CMS in relation to the number of amendments submitted.
8. **Scope:** This indicator is aggregated. The calculation is based on the total number of State Plan amendments approved.
9. **Caveats:** Yes. All amendments submitted in the current State Fiscal Year may not be approved in the same year. Those amendments remain in a pending status and are counted in the year of approval or withdrawal.
10. **Responsible Person:**

Darlene Adams, Section Chief
Phone: 225-342-3881
Fax: 225-376-4737
Email: Darlene.Adams@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 305 – Medical Vendor Administration

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules, and regulations each year through June 30, 2022.

INDICATOR NAME: Number of State Plan amendments submitted

LaPAS PI Code: 24047

1. **Type and Level:** Output; Level: General
2. **Rationale:** This indicator was chosen to report the number of State Plan amendments submitted to the Centers for Medicaid and Medicare Services (CMS)
3. **Use:** The results are used by internal management to evaluate the performance of the personnel who are responsible for developing the State Plan amendments.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor with positive results.
6. **Data Source, Collection and Reporting:** The source of the data is correspondence, State Plan pages, fiscal impacts and supporting documents submitted to CMS indicating the plan of the State to adopt federal regulations. The data is collected quarterly and reported annually on a State Fiscal Year basis.
7. **Calculation Methodology:** The indicator is calculated by taking a count of the number of State Plan amendments submitted to CMS.
8. **Scope:** This indicator is aggregated. The calculation is based on the total number of State Plan amendments submitted.
9. **Caveats:** Yes. All amendments submitted in the current State Fiscal Year may not complete the approval process; a very low number of them may be withdrawn due to changes on State decision to pursue the federal requirements.

10. Responsible Person:

Darlene Adams, Section Chief
Phone: 225-342-3881
Fax: 225-376-4737
Email: Darlene.Adams@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 09 305A - Medical Vendor Administration

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules, and regulations each year through June 30, 2022.

INDICATOR NAME: Percentage of all Medicaid financial/forecast documents and requests submitted in accordance with executive management and legislative timelines.

LaPAS PI Code: 24110

1. **Type and Level:** Output and Supporting
2. **Rationale:** This indicator is a measure of how effectively Health Economics submits required/requested reports. Health Economics provides several forecasting, economic and analytical reports as well as data to executive management. The reports are used by executive management and/or legislature so they can make informed and data-driven policy decisions and are able to manage and operate within the appropriate budget.
3. **Use:** This indicator can be used in management decision-making and other agency processes to provide an overall view of the effectiveness of those operations of the Health Economics.
4. **Clarity:** Indicator clearly explains what is being measured and does not need further clarification.
5. **Accuracy, Maintenance, Support:** Data is provided by Health Economics. Health Economics' reports/documents are submitted upon executive management and legislature requests. The percentage of Medicaid financial and forecast reports submitted within their requested timeline can be calculated reliably. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Yearly/Quarterly. Health Economics' reports/documents are submitted upon executive management and legislature requests.
7. **Calculation Methodology:** The indicator shows the total number of Medicaid financial and forecast reports submitted in accordance with executive management and legislative timelines, divided by the total number of Medicaid financial and forecast reports
8. **Scope:** The indicator is disaggregated. It only shows the number of reports submitted by Health Economics.
9. **Caveats:** The indicator is highly specific and easy to check for accuracy, so there are no caveats.
10. **Responsible Person:** Dr. Bhaskar Toodi, Health Economist/Director, Phone: 225-342-6319; Fax: 225-342-9362; Bhaskar.Toodi@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Number of Local Education Agencies (LEA) targeted for monitoring

LaPAS PI Code: 13375

1. **Type and Level:** Output; Supporting
2. **Rationale:** This indicator measures the number of LEAs participating in the Medicaid Administrative Claiming (MAC) Program, the Direct Services Program, the Nursing Program and the Behavioral Health program that are targeted. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.
3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate Setting and Audit staff that will be performing the monitoring activities.
7. **Calculation Methodology:** Figures are calculated by adding the number of LEAs monitored by Rate Setting and Audit staff and the number of LEAs monitored by Postlethwaite and Netterville.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Percent of targeted Local Education Agencies monitored

LaPAS PI Code: 13376

1. **Type and Level:** Output; Supporting
2. **Rationale:** This indicator measures the percent of school board claims monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.
3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate Setting and Audit staff that will be performing the monitoring activities.
7. **Calculation Methodology:** Figures are calculated by adding the number of LEAs monitored by Rate Setting and Audit staff and the number of LEAs monitored by Postlethwaite and Netterville (PI 13375). This total is then divided by the number of LEAs targeted for monitoring. Multiply this figure by 100.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Number of Nursing Home cost reports targeted for monitoring

LaPAS PI Code: 25549

1. **Type and Level:** Output; Supporting
2. **Rationale:** This indicator measures the number of nursing home cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.
3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Contractor status report (located on server at: P&N (Postlethwaite & Netterville)/Monthly Status Report/FY XX). In report, select: ("Queries" : "NH 201X audited".) (Note: If status report for previous month is not in yet, get estimate for previous month from P&N, and add to total from status report for the month before.)
7. **Calculation Methodology:** It is the number of full scope and limited scope audits done by the contractor.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Percent of Nursing Home cost reports monitored

LaPAS PI Code: 25550

1. **Type and Level:** Output; Supporting
2. **Rationale:** This indicator measures the percent of Nursing Home cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.
3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Contractor status report.
7. **Calculation Methodology:** It is (the number of full scope and limited scope audits done by the contractor (PI 25549) divided by the total number of facilities (Rate Calculation sheet from Myers and Stauffer)) x 100.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Number of Intermediate Care Facilities (ICF) cost reports targeted for monitoring

LaPAS PI Code: 25551

1. **Type and Level:** Output; Supporting
2. **Rationale:** This indicator measures the number of Intermediate Care Facilities (ICF) cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.
3. **Use:** This performance indicator is used to assess the monitoring activity of the Intermediate Care Facilities (ICF) participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Contractor status report ("Queries" : "ICF/DD 201X audited".).
7. **Calculation Methodology:** It is the number of full scope and limited scope audits done by the contractor.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Percent of Intermediate Care Facilities (ICF) cost reports monitored

LaPAS PI Code: 25552

1. **Type and Level:** Output; Supporting
2. **Rationale:** This indicator measures the percent of Intermediate Care Facilities (ICF) cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.
3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Contractor status report.
7. **Calculation Methodology:** It is (the number of full scope and limited scope audits done by the contractor (PI 25551) divided by the total number of facilities ("Tables" : "ICFDD 201X")) x 100.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: MEDICAL VENDOR ADMINISTRATION

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

Activity: Rate and Audit Provider Monitoring

INDICATOR NAME: Number of hospital cost reports reviewed and audited

Indicator LaPAS PI Code: 25553

1. **Type and Level:** Output, General
2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This was selected as a way to monitor the contractor's performance.
3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used for internal management purposes.
4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. It is clear.
5. **Validity, Reliability and Accuracy:** Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?
This is a number that is reported to the legislative auditor.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

This number is produced on a monthly basis and provided to the department by the contractor.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The number is calculated by adding the number of hospital partial settlements completed and the final settlements completed in the time period that is reported on.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

The number represents the total number of hospital cost reports reviewed and audited which consists of partial settlements and final settlements for in-state hospitals.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so explain.

Due to the timing of cost reports received from the hospitals, the numbers that are reported will vary from quarter to quarter.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

LDH Program Contact:

Erin Lee, Program Manager, Phone: 225 342-3063, fax: 225 342-9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Number of Local Education Agencies (LEA) claims adjusted as a result of monitoring activities

LaPAS PI Code: 16539

1. **Type and Level:** Efficiency; General
2. **Rationale:** This indicator measures the accuracy of reporting cost of LEAs participating in the Medicaid Administrative Claiming (MAC) Program, the Direct Services Program, the Nursing Program and the Behavioral Health Program that are targeted. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.
3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Total number of claims adjusted. This is a simple summation.
7. **Calculation Methodology:** Figures are calculated by adding the number of claims audited by LDH Rate Setting and Audit staff and the claims audited by Postlethwaite and Netterville.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Amount identified as over claimed by Local Education Agencies (LEA) as a result of monitoring activities

LaPAS PI Code: 13540

1. **Type and Level:** Efficiency; General
2. **Rationale:** This indicator measures the total expenditures paid to participating school boards inappropriately but identified by LDH during the auditing process. This indicator was selected because it is measurable and accurately describes the intent of the monitoring activity.
3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate Setting and Audit staff that will be performing the monitoring activities.
7. **Calculation Methodology:** Total amount identified as overpayment. This is a simple summation.
8. **Scope:** Aggregated.
9. **Caveats:** Sometimes monitoring results in increasing the amount due to the LEAs. LEAs often understate their cost and that is corrected as well during the monitoring process. The goal of his monitoring is accuracy.
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Number of Nursing Home cost reports adjusted as a result of monitoring activities

LaPAS PI Code: 25554

1. **Type and Level:** Efficiency; General
2. **Rationale:** This indicator measures the accuracy of reporting cost of Nursing Homes participating in the Medicaid Program. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.
3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Contractor status report and contractor database.
7. **Calculation Methodology:** It is (the number of full scope and limited scope audits done by the contractor listed on the Status Report (PI 25549)) minus (the number of limited scope audits that did not have adjustments listed on the Database).
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Rate and Audit Provider Monitoring

OBJECTIVE: Through the Rate and Audit Provider Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

INDICATOR NAME: Number of Intermediate Care Facility (ICF) cost reports adjusted as a result of monitoring activities

LaPAS PI Code: 25555

1. **Type and Level:** Efficiency; General
2. **Rationale:** This indicator measures the accuracy of reporting cost of Intermediate Care Facility (ICF) participating in the Medicaid Program. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.
3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Contractor status report.
7. **Calculation Methodology:** It is (the number of full scope and limited scope audits done by the contractor listed on the Status Report (PI 25551)) minus (the number of limited scope audits that did not have adjustments listed on the Status Report ("Tables": "ICFDD 201X")).
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Rate Setting and Audit Section, 225.342.6116, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

INDICATOR NAME: Monthly Louisiana Information Form Tracking (LIFT) system change requests

LaPAS PI Code: New

1. **Type and Level:** Input, Efficiency and General Performance
2. **Rationale:** This Performance Indicator measures the number of requests given to the Fiscal Intermediary on a monthly basis. It will assist with providing information to MMIS Management regarding resources which are available to or in use by the Fiscal Intermediary (FI).
3. **Use:** This indicator will be used to assess the FI's performance and to assist MMIS Management with keeping track of resources utilized by the FI.
4. **Clarity:** Change requests for the purpose of this indicator are new tickets or change requests referred to as "LIFTs" (Louisiana Information Form Tracking). A new LIFT is defined as an original change request that is new to the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by the Office of Legislative Auditor.
6. **Data Source, Collection and Reporting:** This information will be obtained from searching or referencing an *ad hoc* report, pulling information regarding new LIFTs (change requests) entered in a given month from the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
7. **Calculation Methodology:** Using the total number of new LIFTs (change requests) arrived or determined from the search and/or *ad hoc* report. This information is calculated by the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
8. **Scope:** This indicator is the sum of new LIFTs for a given month.
9. **Caveats:** There is no caveat or qualifier for this new Performance Indicator.
10. **Responsible Person:**
Kema Evans, Medicaid Program Manager 2, MVA/MMIS/Lifts; Phone: 225-342-5773 email: Kema.Evans@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

INDICATOR NAME: Average age of Louisiana Information Form Tracking (LIFT) system change requests

LaPAS PI Code: New

1. **Type and Level:** Input/Efficiency and General Performance
2. **Rationale:** This Performance Indicator measures the average age of open and active LIFTs on a monthly basis. It will assist with providing information to MMIS Management regarding resources which are available to or in use by the FI.
3. **Use:** This indicator will be used to assess the Fiscal Intermediary's Performance and to assist MMIS Management with keeping track of resources utilized by the Fiscal Intermediary.
4. **Clarity:** Change requests for the purpose of this indicator are defined as tickets referred to as a (LIFT) Louisiana Information Form Tracking (four digit number) in the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by Office of Legislative Auditor.
6. **Data Source, Collection and Reporting:** This information will be obtained from searching or referencing an Adhoc report pulling information into an Excel Spreadsheet regarding All open LIFTs (change requests) in a given month versus the Date that the LIFT was first entered and/or first requested. The All open requests report will be pulled from the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
7. **Calculation Methodology:** First, the number of days between the reporting date and the initiation date of the request is calculated. Then, this number is totaled for all active change requests and finally averaged by the total number of active change requests. This information is calculated by Excel once the origination and/or requested dates of each open LIFT is pulled from System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
8. **Scope:** This indicator is aggregated as the result will be total days, however some days will include holidays and/or weekends.
9. **Caveats:** There is a caveat or qualifier for this new Performance Indicator because these LIFTs are manually processed therefore it involves human input, involvement and handling. For instance, the average age maybe effected by FI and/or LDH Staff/Personnel due to leave from office or higher priority workload.
10. **Responsible Person:** Kema Evans, Medicaid Program Manager 2, MVA/MMIS/Lifts; Phone: 225-342-5773 email: Kema.Evans@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

INDICATOR NAME: Percent of Louisiana Information Form Tracking (LIFT) system change requests due for completion in quarter that were actually completed

LaPAS PI Code: New

1. **Type and Level:** Input/Efficiency and General Performance
2. **Rationale:** This Performance Indicator measures the percentage of LIFTs that were due for completion and actually completed on a quarterly basis. It will assist with providing information to MMIS Management regarding resources which are available to or in use by the Fiscal Intermediary (FI).
3. **Use:** This indicator will be used to assess the FI's Performance and to assist MMIS Management with keeping track of resources utilized by the FI.
4. **Clarity:** Change requests for the purpose of this indicator are defined as tickets referred to as a (LIFT) Louisiana Information Form Tracking (four digit number) in the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by Office of Legislative Auditor.
6. **Data Source, Collection and Reporting:** This information will be obtained from an MMIS Internal Report pulling information into an Excel Spreadsheet regarding open LIFTs (change requests) and the actual completion dates of each LIFT. The LIFTs are monitored through to completion using information and documentation from the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
7. **Calculation Methodology:** This indicator is calculated by determining the change requests (LIFTs) scheduled for completion in the quarter. The denominator is the sum of these LIFTs. The numerator is the subset of LIFTs that were completed, using the actual date the LIFT requirements were delivered and/or satisfied. This information is maintained on an Excel Spreadsheet and gathered from personnel monitoring the LIFT and documentation found in System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.
8. **Scope:** This indicator is not aggregated or disaggregated.
9. **Caveats:** There is a caveat or qualifier for this new Performance Indicator because the LIFTs are manually processed; therefore it involves human input, involvement and handling. For Instance, the completion date may be effected by FI and/or LDH Staff/Personnel due to leave away from office or higher priority workload.
10. **Responsible Person:** Kema Evans, Medicaid Program Manager 2, MVA/MMIS/Lifts Subsystem; Phone: 225-342-5773 email: Kema.Evans@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

INDICATOR NAME: Percent of total claims processed within 30 days of receipt

LaPAS PI Code: 2219

1. **Type and Level:** Outcome; Efficiency/Key
2. **Rationale:** This PI measures Fiscal Intermediary performance against the CMS and FI contract requirement that all clean claims be processed within 30 days. This standard is a Systems Performance Review criterion for CMS. Retention of the 75% Federal Funds match for the cost of claims processing is dependent upon meeting this criteria.
3. **Use:** This indicator will be used to assess the Fiscal Intermediary's Performance. Failure of the FI to meet the criteria could result in fiscal sanctions.
4. **Clarity:** "Claims processed" refer to all claims which have completed adjudication and been paid or denied. "Clean claims" refer to error-free claims which do not require further resolution before adjudication. CMS –Center for Medicare and Medicaid Services refers to the federal agency that administers Medicaid.
5. **Validity, Reliability and Accuracy:** This performance indicator is reviewed by the Office of the Legislative Auditor on a yearly basis and has been found reliable and accurate.
6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Processing Assessment Report CP-0-21 which is drawn from the weekly claims processing cycle. It is available on CoinServe/ESP+desktop after the last check write of the current month.
7. **Calculation Methodology:** Processing time from claim receipt to final adjudication is measured. The CP-0-21 data from the "Paid within 30 Days" field is divided by the "Clean Claims Adjudicated" field to obtain a percentage of those within the guidelines. Monthly figures for the last 3 months are then averaged to obtain a quarterly average.
8. **Scope:** The monthly report is averaged for the quarter. It is a statewide figure.
9. **Caveats:** The indicator is affected by the age and volume of recycled (reprocessed) claims.
10. **Responsible Person:** Gustave Lehmann, Medicaid Program Manager 1-B;
MVA/MMIS/Claims Processing & Resolution; Ph: 225-342-3887 FAX: 225-376-4668 e-mail:
audrey.piper@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

INDICATOR NAME: Average claim processing time in days

LaPAS PI Code: 2217

1. **Type and Level:** Outcome; Efficiency/Supporting
2. **Rationale:** This PI measures Fiscal Intermediary performance against the CMS and FI contract requirement that all clean claims be processed within 30 days. This standard is a Systems Performance Review criterion for CMS. Retention of the 75% Federal Funds match for the cost of claims processing is dependent upon meeting this criteria. It is also helpful when evaluating provider complaints regarding the length of time it takes for Medicaid to process a claim.
3. **Use:** This indicator will be used to assess the Fiscal Intermediary's performance. Failure of the FI to meet the criteria could result in fiscal sanctions.
4. **Clarity:** Claims processed refer to all claims which have completed adjudication and been paid or denied. "Clean Claims" refer to error-free claims which do not require further resolution before adjudication. CoinServe is the system used to provide online versions of Medicaid Administrative Reports. CMS –Center for Medicare and Medicaid Services refers to the federal agency that administers Medicaid. FI – Fiscal Intermediary/Contractor is responsible for processing Medicaid claims and producing reports.
5. **Validity, Reliability and Accuracy:** This performance indicator is reviewed by the Office of the Legislative Auditor on a yearly basis and has been found reliable and accurate.
6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Monthly Average Days Report and Claim Count MW-M-20 (formerly MR-0-02) which is drawn from the weekly claims processing cycle. It is available on CoinServe/ESP+desktop on or before the 10th of the current month for the previous month data.
7. **Calculation Methodology:** The monthly figures on the reports for the prior 6 months are averaged.
8. **Scope:** A six-month average is reported. It is a statewide figure.
9. **Caveats:** The indicator is affected by the age and volume of recycled (reprocessed) claims.
10. **Responsible Person:** Gustave Lehmann, Medicaid Program Manager 1-B; MVA/MMIS; Ph: 225-342-4902; e-mail: Gustave.Lehmann@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

INDICATOR NAME: Total number of claims processed

LaPAS PI Code: 12020

1. **Type and Level:** Output, General
2. **Rationale:** This PI gives the total number of claims processed (adjudicated), an important measure of the performance of the Fiscal Intermediary and the MMIS Claims Processing System.
3. **Use:** This indicator is used to evaluate the performance of the Fiscal Intermediary and is reviewed for performance-based budgeting. The Fiscal Intermediary contract bases payment for the Claims Processing function on the number of paid claims each month.
4. **Clarity:** "Claims processed" refer to all claims which have completed adjudication and been paid or denied. CoinServe is a system that provides online versions of Medicaid Administrative Reports.
5. **Validity, Reliability and Accuracy:** This performance indicator is reviewed by the Office of the Legislative Auditor on a yearly basis and has been found reliable and accurate.
6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Monthly Average Days Report and Claim Count MW-M-20 (formerly MR-0-02) which is drawn from the weekly claims processing cycle. It is available on CoinServe/ESP+desktop on or before the 10th of the current month for the previous month data.
7. **Calculation Methodology:** The data is taken directly from the "Current Year Claim Count" field.
8. **Scope:** The sum of total claims paid and total claims denied.
9. **Caveats:** The indicator is affected by the volume of recycled (reprocessed) claims.
10. **Responsible Person:** **Gustave Lehmann**, Medicaid Program Manager 1-B; MVA/MMIS; Ph: 225-342-4902; e-mail: Gustave.Lehmann@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to increase the number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity and allow the tracking of the number of months in Design, Development and Implementation (DDI) phase for system revisions and upgrades through state fiscal year 2022.

INDICATOR NAME: Number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity

LaPAS PI Code: New

1. **Type and Level:** Outcome; General
2. **Rationale:** This PI measures the number of business processes that matures over time by counting if the process moved from one level to the next. The levels of maturity are from 1 – 5 and are as follows:
 - a. Level 1 – All technology, policy, statutory enablers exist and are widely used. Agency complies with baseline requirements.
 - b. Level 2 – All technology, policy, and statutory enablers exist and widely used. Agency improves important parts of its business.
 - c. Level 3 – Industry Standards are widely used. Agency promotes collaboration, data sharing, interoperability and consolidation of business process.
 - d. Level 4 – Widespread access to clinical information improves health care outcomes. Agency promotes interstate information exchange.
 - e. Level 5 – Leverage and reuse of technologies is widely used for national interoperability. Agency focuses on program management rather than daily routines.
3. **Use:** This indicator will be used to measure the movement of our business processes as they mature to encompass the business, information and technical capabilities that embodies the Medicaid Enterprise. It will be used for internal management purposes.
4. **Clarity:** The term business processes refers to a collection of related, structured activities or tasks that produce a specific goal for a customer. For example, the business process for determining provider eligibility is a single process accommodating any kind of provider. The process steps are similar for all provider types even though the specific information requirements and business rules are different from type to type.
5. **Accuracy, Maintenance, Support:** MITA Business Process are submitted to the Centers for Medicare and Medicaid Services (CMS) on a yearly basis.
6. **Data Source, Collection and Reporting:** This information is obtained from the MITA 2.0 “As Is” document and the MITA 3.0 “As Is” document. The MITA 2.0 “As Is” document was completed in 2009 while the MITA 3.0 “As Is” document will be completed in 2013. There will be yearly updates conducted to the MITA 3.0 “As Is” document. This information is reported to CMS on a yearly basis.
7. **Calculation Methodology:** A comparison will be made based off the MITA 2.0 As Is document and the upcoming MITA 3.0 “As Is” document. A count will be made to tally the number of MITA business processes that have made advancements in maturity due to improvements to a process for a given function.

8. **Scope:** The MITA 3.0 document is updated yearly. It is comprised of 80 business processes. This number cannot be added to any other measure.
9. **Caveats:** The maturity of the business processes are directly linked with the advancements in technology, software and hardware. The updated MITA 3.0 “As Is” document may not be completed until early 2014.
10. **Responsible Person:** Jacques Kado, Medicaid Program Manager 2; MVA/MMIS/Contract & Project Development; Ph: 225-219-4016 email: Jacques.Kado@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the MMIS Operations activity, to increase the number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity and allow the tracking of the number of months in Design, Development and Implementation (DDI) phase for system revisions and upgrades through state fiscal year 2022.

INDICATOR NAME: Number of months in the Design, Development and Implementation (DDI) phase for revisions and upgrades to systems.

LaPAS PI Code: New

1. **Type and Level:** Outcome; General
2. **Rationale:** This measurement gives an indication of the amount of time it is taking to introduce a new system into the Medicaid Enterprise. If used in conjunction with system requirements, it will depict the overall health of a project in regard to its schedule.
3. **Use:** This measure will describe the overall health of a project in terms of the schedule. If used in conjunction with the system requirements and the overall project plan, the DDI phase should depict milestones that display if the project is on target with its scheduled completion date and if it conforms to the overall project plan. It will be used for internal management purposes.
4. **Clarity:** The term "Design, Development and Implementation (DDI) Phase" refers to the phases where requirement are gathered and validated; design documents are constructed; systems and/or solutions are built and/or integrated; unit, system and user acceptance testing are performed; and cutover activity and system implementation are performed.
5. **Accuracy, Maintenance, Support:** The data for this indicator will be gathered throughout the lifecycle of the project. Tracking of this indicator commences after the execution of contract with a vendor/contractor who develops/constructs/integrates a system or sub-system tailored to the Medicaid Enterprise business needs.
6. **Data Source, Collection and Reporting:** This information will be gathered in a publication on a monthly basis but reported on an annual basis.
7. **Calculation Methodology:** After execution of a contract, a count of the number of months it takes to matriculate through the Design, Development and Implementation (DDI) phase for the system or sub-system of the Medicaid Enterprise.
8. **Scope:** The data for the indicator will be gathered monthly and reported on a yearly. This number cannot be added to any other measure.
9. **Caveats:** Tracking of this indicator commences after the execution of contract with a vendor/contractor.
10. **Responsible Person:** Jacques Kado, Medicaid Program Manager 2; MVA/MMIS/Contract & Project Development; Ph: 225-219-4016 email: Jacques.Kado@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the Medicaid Management Information System activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

INDICATOR NAME: Dollar value of Management Information System (MMIS) contract expenditures

LaPAS PI Code: 25556

1. **Type and Level:** Input, General Performance
2. **Rationale:** This indicator provides insight on the upward trend of MMIS contract expenditures, as a result of state and federal initiatives impacting services provided by the Medicaid Fiscal Intermediary (FI), balanced against efficiencies realized by continuous evaluation of contract activities.
3. **Use:** Indicator will be used for management decision-making and budget planning purposes. It may influence current and future contractual agreements in the ongoing effort by Louisiana Medicaid to be good stewards of taxpayer dollars.
4. **Clarity:** Indicator captures all MMIS contract expenditures that have been approved and processed for payment.
5. **Accuracy, Maintenance, Support:** Indicator is new and has not been audited by the Office of the Legislative Auditor. Financial information in ISIS supports the accuracy of the data.
6. **Data Source, Collection and Reporting:** Data is maintained on internal budget tracking reports and verified in ISIS on a monthly basis.
7. **Calculation Methodology:** Indicator is calculated based on the sum of approved payments to all MMIS contractors.
8. **Scope:** Data is aggregated and reported annually.
9. **Caveats:** Late submission or approval of invoices may impact reporting of value for any given period.
10. **Responsible Person:** Gustave Lehmann, Medicaid Program Manager 1B, MVA/MMIS; Ph: 225-342-4902;

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the Medicaid Management Information System activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

INDICATOR NAME: Dollar value of penalties assessed on contractors

LaPAS PI Code: New

1. **Type and Level:** Quality, General Performance
2. **Rationale:** This indicator gives insight on the quality of services provided by MMIS contractors. Typically, the Department will assess penalties on contractors after attempts for remediation have failed or in the case of a regular violations or unsatisfactory performance per contract specifications.
3. **Use:** Indicator will be used in management decision-making, impacting services performed by all MMIS contractors, but focusing primarily on services of the Fiscal Intermediary (FI). Services on which penalties are assessed may be removed from the contract and assumed by the Department or another Contractor. Data may also impact rigidity of service level agreements in future contractual agreements.
4. **Clarity:** Indicator captures all penalties assessed on all MMIS contractors in the reporting period.
5. **Accuracy, Maintenance, Support:** Indicator is new and has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is maintained on internal budget tracking reports and reported on an annual basis.
7. **Calculation Methodology:** Indicator is calculated based on the sum of assessed penalties on all MMIS contractors for reporting period.
8. **Scope:** Data is aggregated and reported annually.
9. **Caveats:** Indicator is influenced by level of oversight on contract activities and leniency granted to Contractors.
10. **Responsible Person:** Gustave Lehmann, Medicaid Program Manager 1B, MVA/MMIS; Ph: 225-342-4902; e-mail: Gustave.Lehmann@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Management Information System

OBJECTIVE: Through the Medicaid Management Information System activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

INDICATOR NAME: Percent of Medicaid Management Information System (MMIS) contract expenditures that are federally funded.

LaPAS PI Code: 25557

1. **Type and Level:** Input, General Performance
2. **Rationale:** This indicator reports on the ability by the MMIS Section to maximize funding sources, particularly enhanced federal financial participation, for systems development and operations.
3. **Use:** Indicator will be used for budget planning and may also impact the approach taken for system modifications and operational changes. As system technologies advance and manual processes are reduced, the likelihood of approval by the Centers for Medicare & Medicaid Services (CMS) for enhanced federal financial participation (75% to 90% FFP) increases.
4. **Clarity:** Indicator name is self-explanatory.
5. **Accuracy, Maintenance, Support:** Indicator is new and has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Expenditures and the percentage of federal financial participation are maintained on internal budget tracking reports and are reported to CMS on the CMS-64 Quarterly Expense Report. Indicator is reported on an annual basis.
7. **Calculation Methodology:** : Indicator is calculated as the sum of MMIS contract expenditures approved for federal funding (numerator) divided by the sum of all MMIS contract expenditures (denominator) for reporting period (SFY).
8. **Scope:** Data is aggregated and reported annually.
9. **Caveats:** Adjustments to federal reimbursements after the reporting period may not be reflected in the indicator.
10. **Responsible Person:** Gustave Lehmann, Medicaid Program Manager 1B, MVA/MMIS; Ph: 225-342-4902; e-mail: Gustave.Lehmann@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Pharmacy Benefits Management

OBJECTIVE: Through the Pharmacy Benefits Management activity, to strengthen the current State-run Pharmacy Benefit Management Program through June 30, 2022.

INDICATOR NAME: Percentage (%) of Total Scripts PDL Compliance

LaPAS PI Code: 24061

1. **Type and Level:** Percentage (%) of Total Scripts PDL Compliance is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** Percentage (%) of Total Scripts PDL Compliance reports prescriber's adherence to the Preferred Drug List (PDL) for legacy Medicaid prescriptions. The Pharmacy Benefits Management program utilizes the PDL to reduce the rate of growth of expenditures for the program. Supplemental rebates are provided by drug manufacturers for preferred drugs that are prescribed. The Percentage (%) of total scripts PDL compliance indicator is used to indicate the effectiveness of the PDL. PDL Compliance is the measure of the prescriber's adherence to the PDL based on the number of prescriptions paid for in all therapeutic classes included in the PDL process. It is anticipated that prescribing providers will adhere to the PDL by 90% or greater, thus resulting in additional cost avoidance for the state through generation of supplemental rebates.
3. **Use:** The PBM Section is charged with the responsibility of assuring quality pharmacy services while developing efficiencies in operation, service and cost. The Percentage of Total Scripts PDL Compliance is used as a mechanism to measure and encourage prescriber adherence to the Preferred Drug List (PDL) for Medicaid prescriptions. High percentage of PDL Compliance indicates that prescribers are able to access necessary medications and adhere to the PDL program. Provider Synergies utilizes the PDL Compliance rates for each therapeutic category to estimate the projected market share changes when recommending changes in preferred drugs for a particular class. In therapeutic categories with high (>90%) PDL compliance, Provider Synergies estimates a higher percentage of market share movement following a change in preferred drugs for a therapeutic category. In therapeutic categories with lower PDL compliance (<80%), Provider Synergies provides a more conservative estimate of market share movement when preferred agents in a therapeutic category are changed. Future PDL recommendations for therapeutic categories with lower PDL compliance may be influenced by the lack of movement to preferred agents. This indicator will continue to be used for internal use, cost/savings projections, performance based budgeting, legislative and other reports.
4. **Clarity:** Percentage (%) of Total Scripts PDL (Preferred Drug List) Compliance measures the prescribers' willingness to adhere to the PDL program by prescribing preferred medications.

5. Accuracy, Maintenance, Support: Percentage (%) of Total Scripts PDL Compliance has not been audited by the Office of the Legislative Auditor. In determining PDL Compliance the drug is either on the PDL or requires Prior Authorization (PA).

6. Data Source, Collection and Reporting: PBM utilizes the services of the University of New Orleans (UNO) and Provider Synergies to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program. UNO submits quarterly, as a part of the quarterly invoicing process, the CMS Rebate File to Provider Synergies. Provider Synergies utilizes the data to provide quarterly data analysis. There is a one quarter delay in the data that is reported. For example, October 1, 2011 – December 31, 2011 data is reported for the January 1, 2012 – March 31, 2012 quarter.

The PDL Compliance report is generated on a quarterly basis to determine the Percentage (%) of Total Scripts PDL Compliance. The report is based on data from the actual prescription utilization data. Data included in the report includes the total number of prescription claims per quarter, the net-net spend (net of all supplemental and Federal rebates), and total state paid amounts. For each of the reviewed therapeutic categories, the PDL compliance is reported. Actual utilization for each drug is reported as the number of prescriptions, percent of market share for the therapeutic class, net spend and state paid amounts. The PDL Compliance report is generated about 75 to 85 days after the end of the quarter being reported upon.

7. Calculation Methodology: PDL Compliance is the measure of the prescriber's adherence to the PDL based on the number of prescriptions paid for in all therapeutic classes included in the PDL process. PDL compliance measures quarterly the number of prescriptions for preferred agents (on the PDL) divided by the number of total prescriptions for all of the PDL reviewed categories then multiplied by 100 to report the percentage of preferred prescriptions. Percentages for all preferred and non-preferred agents are calculated for each therapeutic class. This is a standard calculation to evaluate prescriber compliance with a preferred drug list.

8. Scope: Percentage (%) of Total Scripts PDL Compliance is reported in aggregate form. UNO submits the information to Provider Synergies on a quarterly basis as aggregate data for the entire state. UNO and PS can provide detailed information upon request, as long as the information is not confidential.

9. Caveats: Provider Synergies/Magellan Medicaid Administration utilizes the monthly and quarterly data to provide quarterly data analysis. There is a one quarter delay in the data that is reported. For example, October 1, 2012 – December 31, 2012 data is reported for the January 1, 2013 – March 31, 2013 quarter.

10. Responsible Person: Pharmacy staff is responsible for reporting performance information to Medicaid Managed Care and LDH. PBM Legacy utilizes the services of the University of New Orleans (UNO) and Provider Synergies/Magellan Medicaid Administration to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program.

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Pharmacy Benefits Management

OBJECTIVE: Through the Pharmacy Benefits Management activity, to strengthen the current State-run Pharmacy Benefit Management Program through June 30, 2022.

INDICATOR NAME: Percentage (%) of Generic Drug Utilization

LaPAS PI Code: 25566

1. **Type and Level:** Percentage (%) of Generic Drug Utilization is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** Percentage (%) of Generic Drug Utilization is the percentage of generic drugs prescribed and dispensed based on invoices/billing. This indicator gives a measure of the rate of generic drugs dispensed in accordance with the Preferred Drug List (PDL) for Louisiana legacy Medicaid.
3. **Use:** The PBM Section is charged with the responsibility of assuring quality pharmacy services while developing efficiencies in operation, service and cost. The Percentage of Generic Drug Utilization is used as a mechanism to measure the rates generic drugs are dispensed in Louisiana on a quarterly basis, in relation to the Preferred Drug List (PDL) for Legacy Medicaid. Percentage of Generic Drug Utilization can also be used as a measure of PDL compliance. This indicator will continue to be used for internal use, cost/savings projections, performance based budgeting, legislative and other reports.
4. **Clarity:** Percentage (%) of Generic Drug Utilization can be reported/calculated in three different ways. The definition of generic drug determines the methodology. The following are three different ways to define generics drugs for Preferred Drug List (PDL) purposes:

Method #1 Formula – If manufacturer of NDC filed an NDA (New Drug Application) then “BRAND”, else if NDC filed an ANDA (Abbreviated New Drug Application) then “GENERIC”, else if CMS lists the NDC as paying a generic rebate (HCFA_DC = “N” (non-innovator multisource)) then “GENERIC”, else if CMS lists the NDC as paying a brand rebate (HCFA_DC = “S” (innovator single source) or HCFA_DC = “I” (innovator multisource)) then “BRAND” else if these are all blank, then if NDC is named like a generic (GNI = 1) then “GENERIC”, else if the NDC is listed as the Innovator (INNOV = 1) then “BRAND”

Method #2 Formula – If NDC is named like a generic (GNI = 1), regardless of whether it pays a brand rebate, it’s a “GENERIC” (This is meant to account for authorized generics paying brand rebates.), else follow logic from Method #1 above.

Method #3 Formula – If Method #2 = “GENERIC” then “GENERIC” else if method #2 = “BRAND” and there is only one MFR name in the GSN AND there is only one Labeler ID in the GSN then “BRAND” else if method #2 = “BRAND” and there is only one non-obsolete labeler in the GSN then “BRAND”, else if method #2 is “BRAND” and the PDL status is “ON” and there are multiple labelers within the GSN AND there are multiple MFR names within the GSN then “GENERIC” (this is meant to account for the times that we are intentionally preferring Brands With Generics available (BWGs) because of the large federal rebate levels and are effectively using these as ‘generics’). Else if still identified as a “BRAND” in method #2, then “BRAND”.

The PBM Legacy program will utilize Methods #3 Formula for purpose of reporting Percentage (%) of Generic Drug Utilization

5. **Accuracy, Maintenance, Support:** Percentage (%) of Generic Drug Utilization has not been audited by the Office of the Legislative Auditor. Magellan Medicaid Administration/Provider Synergies provides quarterly reports to the state regarding drug utilization.
6. **Data Source, Collection and Reporting:** PBM utilizes the services of the University of New Orleans (UNO) and Magellan Medicaid Administration/Provider Synergies to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program. UNO submits quarterly, as a part of the quarterly invoicing process, the CMS Rebate File to Magellan Medicaid Administration/Provider Synergies. Magellan Medicaid/Provider Synergies utilizes the data to provide quarterly data analysis. There is a one quarter delay in the data that is reported. For example, October 1, 2011 – December 31, 2011 data is reported for the January 1, 2012 – March 31, 2012 quarter.

Magellan Medicaid Administration provides the Quarterly Rebate Activity report, which will be utilized to report this indicator. The Quarterly Rebate Activity report is generated on a quarterly basis to determine the Percentage (%) of Generic Drug Utilization. The report is based on data from the actual prescription utilization data. Data included in the report includes the total number of prescription claims per quarter (generics and brands), gross pharmacy reimbursement, supplemental rebates and federal rebates. Categories are broken out by brand vs. generic, preferred vs. non-preferred and reviewed within PDL program or not reviewed within PDL program.

7. **Calculation Methodology:** Percentage (%) of generic drug utilization measures quarterly the number of prescriptions for generic drugs (on the PDL) divided by the number of total prescriptions for all of the PDL reviewed categories then multiplied by 100 to report the percentage of generic drug utilization. Percentages for generic drug utilization are calculated for each therapeutic class. This is a standard calculation to evaluate prescriber's % of generic drug utilization with the preferred drug list.

The PBM Legacy program will utilize Methods #3 Formula for purpose of reporting Percentage (%) of Generic Drug Utilization referenced in #4 Clarity.

8. **Scope:** Percentage (%) of Generic Drug Utilization is reported in aggregate form. UNO submits the information to Provider Synergies on a quarterly basis as aggregate data for the entire state. UNO and PS can provide detailed information upon request, as long as the information is not confidential.
9. **Caveats:** Provider Synergies/Magellan Medicaid Administration utilizes the monthly and quarterly data to provide quarterly data analysis. There is a one quarter delay in the data that is reported. For example, October 1, 2012 – December 31, 2012 data is reported for the January 1, 2013 – March 31, 2013 quarter. In addition, "generic" has to be defined in order to report consistently. PBM will utilize Method #3 Formula described in Section 4 – Clarity. This is not a cumulative performance indicator.
10. **Responsible Person:** Pharmacy staff is responsible for reporting performance information to Bayou Health and LDH. PBM Legacy utilizes the services of the University of New Orleans (UNO) and Provider Synergies/Magellan Medicaid Administration to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program.

LDH Pharmacy Contact(s): Germaine Becks-Moody
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UNO Contact: Dara Horcasitas
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(225) 389-2605 (fax)

Magellan/Provider Synergies Contact: Nina Bandali, NBandali@magellanhealth.com

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: 6 – Dismissal of Chisholm Consent Agreement and Provision of Medically Necessary Services for Class Members

OBJECTIVE: Transform the service delivery method for Chisholm Class members to improve care coordination and health outcomes and decrease fragmentation by providing medically necessary services to eligible Medicaid enrolled children in accordance with the *Chisholm* requirements.

INDICATOR NAME: Percent of reports per calendar year that indicate plan compliance with all Chisholm Prior Authorization Liaison (PAL) requirements.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **New**

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **This is an outcome and quality type; and general performance level.**
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) **It was selected to measure the performance of the health plans in meeting the requirements of the *Chisholm* lawsuit requirements.**
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? **It will be used for both internal management decisions and for performance-based purposes as well.**
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. **The indicator clearly identifies what is being measured.**
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? **This is a new measure. It has not been audited by the Legislative Auditor. The reported data is maintained in a database from reports received from the health plans.**
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) **This information is maintained in an internal database, is collected quarterly, and is reported consistently.**
- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? **The calculation method is a standard percentage of the whole.**

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?) **This is a statewide figure.**
9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. **The only caveat is that class membership is subject to change.**
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). **Rene Huff, Medicaid Program Manager, 225-342-3935, rene.huff@la.gov**

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: 6 – Dismissal of Chisholm Consent Agreement and Provision of Medically Necessary Services for Class Members

OBJECTIVE: Transform the service delivery method for Chisholm Class members to improve care coordination and health outcomes and decrease fragmentation by providing medically necessary services to eligible Medicaid enrolled children in accordance with the *Chisholm* requirements.

INDICATOR NAME: Percent of reports per calendar year that resulted in remediation or corrective action plan due to failure to follow *Chisholm* PAL requirements.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **New**

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **This is an outcome and quality type; and general performance level.**
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) **It was selected to measure the performance of the health plans in meeting the requirements of the *Chisholm* lawsuit requirements.**
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? **It will be used for both internal management decisions and for performance-based purposes as well.**
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. **The indicator clearly identifies what is being measured. The only acronym is "PAL" which stands for the Prior Authorization Liaison.**
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? **This is a new measure. It has not been audited by the Legislative Auditor. The reported data will be maintained if and when the Department has to take enforce any remediation or corrective action plan against one of the health plans.**
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) **This information will be maintained in an internal database, and will be collected as any remedial or corrective action occurs.**

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? **The calculation method is a standard counting methodology.**
8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?) **This is a statewide figure.**
9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. **There are no caveats.**
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). **Rene Huff, Medicaid Program Manager, 225-342-3935, rene.huff@la.gov**

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PROGRAM: Medical Vendor Administration

ACTIVITY: 6 – Dismissal of Chisholm Consent Agreement and Provision of Medically Necessary Services for Class Members

OBJECTIVE: Transform the service delivery method for Chisholm Class members to improve care coordination and health outcomes and decrease fragmentation by providing medically necessary services to eligible Medicaid enrolled children in accordance with the *Chisholm* requirements.

INDICATOR NAME: Percent of Chisholm class members who are denied services due to lack of sufficient documentation after all PAL procedures were correctly followed.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **New**

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **This is an outcome and quality type; and general performance level.**
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) **It was selected to measure the performance of the health plans in meeting the requirements of the *Chisholm* lawsuit requirements.**
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? **It will be used for both internal management decisions and for performance-based purposes as well.**
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. **The indicator clearly identifies what is being measured. The only acronym is "PAL" which stands for Prior Authorization Liaison.**
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? **This is a new measure. It has not been audited by the Legislative Auditor. The reported data is maintained in a database from reports received from the health plans.**
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) **This information is maintained in an internal database, is collected quarterly, and is reported consistently.**
- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method

used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? **The calculation method is a standard percentage of the whole.**

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?) **This is a statewide figure.**
9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. **The only caveat is that class membership is subject to change.**
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). **Rene Huff, Medicaid Program Manager, 225-342-3935, rene.huff@la.gov**

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PROGRAM: Medical Vendor Administration

ACTIVITY: 6 – Dismissal of Chisholm Consent Agreement and Provision of Medically Necessary Services for Class Members

OBJECTIVE: Transform the service delivery method for Chisholm Class members to improve care coordination and health outcomes and decrease fragmentation by providing medically necessary services to eligible Medicaid enrolled children in accordance with the *Chisholm* requirements.

INDICATOR NAME: Percent of Chisholm class members who are denied services due to lack of medical necessity after all PAL procedures were correctly followed.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **New**

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **This is an outcome and quality type; and general performance level.**
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) **It was selected to measure the performance of the health plans in meeting the requirements of the *Chisholm* lawsuit requirements.**
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? **It will be used for both internal management decisions and for performance-based purposes as well.**
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. **The indicator clearly identifies what is being measured. The only acronym is “PAL” which stands for Prior Authorization Liaison.**
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? **This is a new measure. It has not been audited by the Legislative Auditor. The reported data is maintained in a database from reports received from the health plans.**
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) **This information is maintained in an internal database, is collected quarterly, and is reported consistently.**
- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more

than one agency or program, is the method of calculation consistent? If not, why not? **The calculation method is a standard percentage of the whole.**

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?) **This is a statewide figure.**
9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. **The only caveat is that class membership is subject to change.**
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). **Rene Huff, Medicaid Program Manager, 225-342-3935, rene.huff@la.gov**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: Through the Collections/Recovery and Cost Avoidance activity, to pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees via cost avoidance and/or pay and chase methods by June 30, 2022.

INDICATOR NAME: Number of TPL claims processed

LaPAS PI Code: 2215

1. Type and Level: Input-Output/Key

2. Rationale: All claims that enter the system pass through the third party liability (TPL) edits. Measures the procedures in place to identify all TPL claims.

3. Use: Report will become the report card for appropriately subjecting all claims to the TPL edits and will serve to identify system defects or inconsistencies.

4. Clarity: None

5. Validity, Reliability and Accuracy: This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: Figures are taken from the MR068 which provides the number of TPL claims processed. The reports are produced by the fiscal intermediary.

7. Calculation Methodology: The MR068 is a quarterly report which gives the number of claims that were edited for third party coverage in a given quarter.

8. Scope: Statewide.

9. Caveats: Downtime for the claims processing system would affect all claims.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: Through the Collections/Recovery and Cost Avoidance activity, to pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees via cost avoidance and/or pay and chase methods by June 30, 2022.

INDICATOR NAME: Number of claims available for TPL processing

LaPAS PI Code: 12021

1. **Type and Level:** Output/General
2. **Rationale:** This indicator gives the total number of claims available for third party liability processing to assist in determining the effectiveness of the program.
3. **Use:** Gives management the exact number of claims that should be exposed to third party liability processing.
4. **Clarity:** Number of claims available for third party liability processing.
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This figure is taken from the monthly MR-O-33 report of Year-to-Date claims payments statistics, which may be found on the LMMIS CoinServe. The reports are produced by the contractor that serves as the fiscal intermediary.
7. **Calculation Methodology:** **Claims available** - The total number of pay and chase claim types 08 (non-emergency medical transportation), 13 (EPSDT), and 16 (adult day care) processed are subtracted from the grand total of all claims types processed to produce the number of claims available for TPL processing.
8. **Scope:** Statewide.
9. **Caveats:** The MR-O-33 is dependent on claims processed through the Fiscal Intermediary Claims Processing System. Any breakdown or variation in the system could directly affect this count. Also, mailing loss of a claims tape or problems processing a claims tape from Medicare could affect the count.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: Through the Collections/Recovery and Cost Avoidance activity, to pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees via cost avoidance and/or pay and chase methods by June 30, 2022.

INDICATOR NAME: Percentage of TPL claims processed and cost avoided

LaPAS PI Code: 12022

1. **Type and Level:** Output/General
2. **Rationale:** This indicator gives the total number of claims available for third party liability processing to assist in determining the effectiveness of the program.
3. **Use:** Gives management the exact number of claims that should be exposed to third party liability processing.
4. **Clarity:** Number of claims available for third party liability processing.
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This figure is taken from the monthly MR033 report which provides the claims available for TPL editing and the MR068 which provides the number of TPL claims processed. The reports are produced by the fiscal intermediary.
7. **Calculation Methodology:** **Claims available** - The total number of pay and chase claim types 08 (non-emergency medical transportation), 13 (EPSDT), and 16 (adult day care) processed are subtracted from the grand total of all claims types processed to produce the number of claims available for TPL processing. **Claims processed** - information extracted from the MR068. **Percentage calculated** by dividing claims processed by the claims available.
8. **Scope:** Statewide.
9. **Caveats:** The MR-O-33 is dependent on claims processed through the Fiscal Intermediary Claims Processing System. Any breakdown or variation in the system could directly affect this count. Also, mailing loss of a claims tape or problems processing a claims tape from Medicare could affect the count.
10. **Responsible Person:** Chris Ourso, Program Manager, MVA/MMIS, Telephone 225.342.0840 / FAX 225. 389.2704, E-mail: Chris.ourso@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: Through the Collections/Recovery and Cost Avoidance activity, to pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees via cost avoidance and/or pay and chase methods by June 30, 2022.

INDICATOR NAME: Percentage of TPL claims processed through edits

LaPAS PI Code: 7957

1. **Type and Level:** Input-Output/Key
2. **Rationale:** All claims that enter the system pass through the third party liability edits. Measures the procedures in place to identify all third party liability (TPL) claims.
3. **Use:** Report will become the “report card” for appropriately subjecting all claims to the TPL edits and will serve to identify system defects or inconsistencies.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Figures are taken from report number CNTL-2M600. All non-exempt claims that enter the system for processing access the Medicaid recipient file. This file reflects indicators which tell the system whether or not there is third party coverage. If coverage exists, the system then accesses the TPL resource file to determine if a third party (health insurance, Medicare A and/or B) is responsible for payment prior to a Medicaid payment.
7. **Calculation Methodology:** The CNTL-2M600 is a monthly report which gives the percentage of claims edited for third party coverage in a given month. The number of claims edited to date for the reporting period are divided by the number of claims available for editing for that same period. The result is a cumulative average for each quarterly reporting period.
8. **Scope:** Statewide. Information can be broken down into Medicare and private insurance amounts cost-avoided.
9. **Caveats:** Downtime for the claims processing system would affect all claims.
10. **Responsible Person:** Chris Ourso, Program Manager, MVA/MMIS Telephone 225.342.0840/FAX 225.389.2704,E-mail: chris.ourso@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: Through the Collections/Recovery and Cost Avoidance activity, to pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees via cost avoidance and/or pay and chase methods by June 30, 2022.

INDICATOR NAME: Funds recovered from third parties with a liability for services by Medicaid

LaPAS PI Code: 24044

- 1. Type and Level:** Output/General
- 2. Rationale:** This indicator gives the total dollars collected from third parties.
- 3. Use:** Gives management the amount collected from third parties.
- 4. Clarity:** Total collections consist of collections from Medicaid recovery unit (trauma, recipient, and estate Recovery), Medicare recovery projects performed by the fiscal intermediary (FI), and the collection efforts of the third party liability (TPL) contractor.
- 5. Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** This figure is taken from multiple sources. The TPL System Archive Report and CP012A and 12B (Medicare Recovery Project Summary listing) are reports that are produced by the contractor that serves as the fiscal intermediary. The collections from the TPL contractor are taken from the invoice documentation.
- 7. Calculation Methodology:** The TPL collected amount is the sum of the various reports.
- 8. Scope:** Statewide.
- 9. Caveats:** The reports are dependent on claims processed through the FI's claims processing system. Any breakdown or variation in the system could directly affect this count. Also, problems processing a claim file from Medicare could affect the count.

10. Responsible Person: Chris Ourso, Program Manager,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: Through the Collections/Recovery and Cost Avoidance activity, pursue collections from third party sources legally responsible for healthcare costs of Medicaid enrollees who sustained injuries or were involved in accidents by June 30, 2022.

INDICATOR NAME: TPL trauma recovery amount

LaPAS PI Code: 7958

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** Gives the total amount recovered from liable third parties by the third party liability (TPL) unit for Medicaid enrollees' injury/accident related expenditures for the fiscal year.
3. **Use:** Accumulation of the data produces current recoveries and future estimations of funds which are recovered by the TPL recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL system and cases that are prior to January 1997 any global settlements are added to the monthly reports. We are currently working to modify the system to allow for cases prior to January 1997 and global settlements to be added as a case type.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the TPL recovery system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual trauma specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Prolonged absence of a recovery specialist may result in uneven collections.
10. **Responsible Person:** Chris Ourso, Program Manager,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: To increase collections from third party sources legally responsible for healthcare costs of Medicaid enrollees who sustained injuries or were involved in accidents by June 30, 2022.

INDICATOR NAME: Number of requests generated to Medicaid enrollees for information relative to accidents and/or injuries

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** Gives the total number of system generated requests to Medicaid enrollees for information relative to accidents and/or injuries in order to determine if there is a legally responsible third party.
3. **Use:** To determine if there is a liable third party for accidents and/or injuries sustained by Medicaid enrollees.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This figure is taken from reports created in the TPL recovery system.
7. **Calculation Methodology:** This figure is calculated from the TPL recovery system.
8. **Scope:** Statewide. Information can be broken down by the individual trauma specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Prolonged absence of a recovery specialist may affect recoveries. System down-time could impact the automated generation of letters to enrollees.
10. **Responsible Person:** Chris Ourso, Program Manager

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

INDICATOR NAME: Estate recovery amount

LaPAS PI Code: 25567

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the total dollars recovered from the estates of deceased Medicaid recipients that were age 55 or older, were in a nursing home or received home and community based services or related hospital and prescription drug services paid by Medicaid.
3. **Use:** Accumulation of the data produces current recoveries by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Legislative constraints impact our efforts to collect.
10. **Responsible Person:** Chris Ourso, Program Manager,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

INDICATOR NAME: Annual number of cases on which estate recovery was initiated

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the total number of cases opened to recover from the estates of deceased Medicaid recipients that were age 55 or older were in a nursing home or received home and community based services or related hospital and prescription drug services paid by Medicaid.
3. **Use:** Accumulation of the data produces current number of cases for estate recovery by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** This amount is taken from the TPL recovery system.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Legislative constraints impact our efforts to collect.
10. **Responsible Person:** Chris Ourso, Program Manager,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

INDICATOR NAME: Annual number of estate recovery cases resulting in successful recovery

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the total number of cases with successful recovery from the estates of deceased Medicaid recipients that were age 55 or older, were in a nursing home or received home and community based services, or related hospital and prescription drug services paid by Medicaid.
3. **Use:** Accumulation of the data produces current number of cases with successful estate recovery by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Legislative constraints impact our efforts to collect.
10. **Responsible Person:** Chris Ourso, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

INDICATOR NAME: Percent increase in estate recovery cases with successful recovery

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the percent increases in cases with successful recovery from the estates of deceased Medicaid recipients that were age 55 or older, were in a nursing home or received home and community based services or related hospital and prescription drug services paid by Medicaid.
3. **Use:** Accumulation of the data produces percentage of increase in cases with successful estate recovery by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** This amount is taken from the TPL recovery system.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Legislative constraints impact our efforts to collect.

10. **Responsible Person:** Chris Ourso, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

INDICATOR NAME: Percentage of cases in which heirs claimed hardship exemption

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the percentage of recovery cases in which heir(s) claimed hardship exemption from recovery of the estates of deceased Medicaid recipients that were age 55 or older, were in a nursing home or received home and community based services or related hospital and prescription drug services paid by Medicaid.
3. **Use:** Accumulation of the data produces current percentage of cases for estate recovery in which hardship exemption was claimed by heir(s).
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the third party liability (TPL) recovery system.
7. **Calculation Methodology:** This report will need to be developed by the fiscal intermediary contractor.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Legislative constraints impact our efforts to collect.
10. **Responsible Person:** Chris Ourso, Program Manager,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

INDICATOR NAME: Louisiana's ranking among states for amount of estate recovery

LaPAS PI Code: New

1. **Type and Level:** General
2. **Rationale:** This indicator reports the ranking of Louisiana compared to other states in terms of estate recovery.
3. **Use:** This is a comparison among states to determine Louisiana's ranking.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from Center for Medicare and Medicaid (CMS) 64 Report.
7. **Calculation Methodology:** This amount is taken from the CMS 64 Report.
8. **Scope:** Nationwide.
9. **Caveats:** Legislative constraints impact our efforts to collect. National data may be out of date.
10. **Responsible Person:** Chris Ourso, Program Manager,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from individuals who were ineligible for Medicaid on the date(s) of service.

INDICATOR NAME: Recipient recovery amount

LaPAS PI Code: 25568

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the total dollars recovered from individuals who were ineligible for Medicaid on the date(s) of service.
3. **Use:** Accumulation of the data produces current recoveries by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Prolonged absence of a recovery specialist may result in uneven collections.
10. **Responsible Person:** Chris Ourso, Program Manager ,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from individuals who were ineligible for Medicaid on the date(s) of service.

INDICATOR NAME: Annual number of cases on which recipient recovery was initiated

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the total number of cases opened to recover from individuals who were eligible for Medicaid on the date(s) of service.
3. **Use:** Accumulation of the data produces current number of cases for recipient recovery by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the TPL recovery system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Prolonged absence of a recovery specialist may result in uneven collections.
10. **Responsible Person:** Chris Ourso, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: To increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from individuals who were ineligible for Medicaid on the date(s) of service by June 30, 2022.

INDICATOR NAME: Annual number of recipient recovery cases resulting in successful recovery

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the total number of cases with successful recovery from individuals who were ineligible for Medicaid on the date(s) of service.
3. **Use:** Accumulation of the data produces current number of cases with successful recipient recovery by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Prolonged absence of a recovery specialist may result in uneven collections.
10. **Responsible Person:** Chris Ourso, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305A - Medical Vendor Administration

ACTIVITY: Collections & Recovery

OBJECTIVE: By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from individuals who were ineligible for Medicaid on the date(s) of service.

INDICATOR NAME: Percent increase in recipient recovery cases with successful recovery

LaPAS PI Code: New

1. **Type and Level:** Outcome/Supporting
2. **Rationale:** This indicator gives the percent increases in cases with successful recovery from individuals who were ineligible for Medicaid on the date(s) of service.
3. **Use:** Accumulation of the data produces percentage of increase in cases with successful recipient recovery by the third party liability (TPL) recovery staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.
6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL recovery system.
7. **Calculation Methodology:** The amounts are taken from the collection reports created by the system monthly.
8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.
9. **Caveats:** Legislative constraints impact our efforts to collect.

10. Responsible Person: Chris Ourso, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Program Integrity

ACTIVITY: Program Integrity Managed Care Compliance

OBJECTIVE: Through the Program Integrity activity, pursue direct, rigorous oversight of all contracted managed care organizations by June 30, 2022.

INDICATOR NAME: Number of MCO network providers terminated by plans for cause

LaPAS PI Code: New

- 11. Type and Level:** Outcome/General Performance Information
- 12. Rationale:** MCOs are required to notify LDH of network provider contract terminations they make for cause per the contracts. PI is responsible for tracking and reviewing this information.
- 13. Use:** This indicator is used for internal management and documenting contract compliance.
- 14. Clarity:** For cause terminations include any termination of a network provider's contract due to fraud, integrity or quality. Involuntary terminations due to expiration of license or billing inactivity are not included. Voluntary withdrawal by the provider is not included except when participation is withdrawn by the provider to avoid sanction.
- 15. Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of the Legislative Auditor to date.
- 16. Data Source, Collection and Reporting:** The MCOs are to report to LDH within 7 days any for cause terminations, and they are to report all for cause terminations in the quarterly fraud waste and abuse report, which is due 30 days after end of quarter by calendar year.
- 17. Calculation Methodology:** This indicator is an unduplicated count. There is no calculation.
- 18. Scope:** This measure comes from the entirety of Medicaid's MCO provider network. The total universe is all providers participating in Medicaid's managed care organizations.
- 19. Caveats:** None.
- 20. Responsible Person:** Rebecca Hebert, Program Integrity Managed Care Manager, telephone 225-342-0004, fax 225-376-4804, and e-mail address Rebecca.Hebert@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Program Integrity

ACTIVITY: Program Integrity Managed Care Compliance

OBJECTIVE: Through the Program Integrity activity, pursue direct, rigorous oversight of all contracted managed care organizations by June 30, 2022.

INDICATOR NAME: Percentage of MCO compliance with mandatory exclusions

LaPAS PI Code: New

1. **Type and Level:** Outcome/General Performance Information
2. **Rationale:** MCOs are required to comply with mandatory exclusion/debarment of providers from Medicare, Medicaid and CHIP participation. MCOs are also required to search for mandatory Federal and State exclusions on various websites on a monthly basis, and attest that excluded providers, employees and subcontractors are excluded from participating in their plans. PI is responsible for tracking monthly database sweep attestations as well as periodically reviewing the provider registries for compliance.
3. **Use:** This indicator is used for internal management and documenting contract compliance.
4. **Clarity:** Office of Inspector General (OIG) is required by the Social Security Act to exclude individuals or entities from Medicare and Medicaid participation for a minimum of five years for certain offenses, such as crime, patient abuse, fraud. The State has the authority to exclude providers from Medicaid participation as part of LAC Title 50, Chapter 41 (SURS Rule). Medicaid and MCOs are required by 42 CFR 455.436 to review all exclusion databases at least monthly and remove from Medicaid participation any entity, employee or individual with an active exclusion period.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of the Legislative Auditor to date.
6. **Data Source, Collection and Reporting:** The MCOs are to attest monthly that their monthly database screening has been completed. Exclusion data can be found online (OIG List of Excluded Individuals/Entities, La Adverse Actions, and System of Award Management). The exclusion data is compared to the plans' provider registry files, which are stored internally as Excel files, and with the Fiscal Intermediary as a searchable database table.
7. **Calculation Methodology:** This indicator is $(\# \text{ excluded providers listed in MCO provider registry}) / (\text{total } \# \text{ excluded providers})$.
8. **Scope:** This measure is aggregated across all Medicaid MCOs.
9. **Caveats:** None.
10. **Responsible Person:** Rebecca Hebert, Program Integrity Managed Care Manager, telephone 225-342-0004, fax 225-376-4804, and e-mail address Rebecca.Hebert@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Program Integrity

ACTIVITY: Program Integrity Managed Care Compliance

OBJECTIVE: Through the Program Integrity activity, pursue direct, rigorous oversight of all contracted managed care organizations by June 30, 2022.

INDICATOR NAME: Percentage of MCO reports submitted timely and complete

LaPAS PI Code: New

1. **Type and Level:** Outcome/General Performance Information
2. **Rationale:** MCOs are required to comply with a number of mandatory reporting requirements. Program Integrity is currently responsible for tracking, reviewing and monitoring seven reports due at various intervals. The contract also allows reports to be added or changed as needed, to be determined by LDH.
3. **Use:** This indicator is used for internal management and documenting contract compliance.
4. **Clarity:** To date, the reports under PI's purview are biweekly tips reports (provider issues, fraud waste and abuse complaints), annual PI compliance plans, and the numbered reports 145 (quarterly fraud waste abuse reports), 147 (quarterly EOB reports), 148 (monthly exclusion database sweep attestations), 149 (new, quarterly FWA staffing report), and 170 (annual disclosure of ownership).
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of the Legislative Auditor to date.
6. **Data Source, Collection and Reporting:** The MCOs are required turn in a number of reports at various intervals by calendar year. The numbered reports are received by the plan's LDH contact and uploaded to an internal SharePoint site. Reports that are not numbered are emailed to the PI MCO Manager. All PI MCO reports are tracked and saved in the PI files. The information in the reports is mostly current, but the quarterly FWA reports cover all cases, including aged cases, with new cases added for the current quarter. This reporting compliance indicator will be quarterly and current on reporting deliverables received as of end of quarter by calendar year.
7. **Calculation Methodology:** This indicator is (# reports accepted as timely and complete)/(total # reports due that quarter).
8. **Scope:** This measure is aggregated across all Medicaid MCOs.
9. **Caveats:** None.

Responsible Person: **Rebecca Hebert, Program Integrity Managed Care Manager, telephone 225-342-0004, fax 225-376-4804, and e-mail address Rebecca.Hebert@LA.GOV**

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Louisiana Department of Health / MVA / Program Integrity Section

ACTIVITY: Program Integrity (PI) – Surveillance and Utilization Review System (SURS)

OBJECTIVE 2: Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2022.

INDICATOR NAME: Number of closed cases

LaPAS PI Code: New

1. **Type and Level:** Output/Efficiency/General Performance Information
2. **Rationale:** This indicator allows for an assessment of the total closed provider cases in terms of quantity of production and progression of cases.
3. **Use:** This indicator is used for internal management and monitoring, documenting case closures, and contract monitoring.
4. **Clarity:** Currently, the closed cases include those closed on Fee For Service Medicaid provider numbers (including MCO provider numbers themselves). These closed SURS cases include cases closed by the Program Integrity unit itself and cases closed by the contractor, Molina Medicaid Solutions SURS unit. (Molina is the contractor with Program Integrity).
5. **Accuracy, Maintenance, Support:** A sample of cases have been audited annually by the Office of the Legislative Auditor. The sample has included closed cases at the time of the audit.
6. **Data Source, Collection and Reporting:** This indicator is pulled from a database. Cases are entered into this database upon case closure. The cases are entered by the Molina contractor and the database is maintained by the Molina contractor. However, Program Integrity has access to view the database and is able to pull a report from the database to obtain this indicator. And, Molina sends a monthly report of the total number of closed cases to Program Integrity. Also, Program Integrity has previously reported this indicator to Executive Management for State Fiscal Years. Additionally, Program Integrity has started reporting this indicator on a quarterly basis to Executive Management in order to keep the Louisiana Legislature up-to-date.
7. **Calculation Methodology:** This indicator is an unduplicated, numerical count. There is no actual calculation required. This indicator is obtained by using a Totals Report in the database.
8. **Scope:** This indicator is the total number of closed cases on providers that were under investigation.
9. **Caveats:** At this time, this indicator only reflects FFS Medicaid provider numbers and the MCO provider numbers themselves. (However, in the future, this indicator may change depending on the future method of MCO reviews/MCO network provider reviews.)
10. **Responsible Person:** Amelia Lowe, Program Integrity RN Supervisor B, telephone 225-219-4156, fax 225-219-4155, and e-mail address Amelia.Lowe@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Louisiana Department of Health / MVA / Program Integrity Section

ACTIVITY: Program Integrity (PI) – Surveillance and Utilization Review System (SURS)

OBJECTIVE: Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2022.

INDICATOR NAME: Dollar amount identified on closed cases

LaPAS PI Code: New

1. **Type and Level:** Output/Quality/General Performance Information
2. **Rationale:** This indicator allows for an assessment of the total dollar amount identified on closed provider cases. It reflects a financial picture of the dollar amount identified that is associated with fraud, waste, and abuse.
3. **Use:** This indicator is used for internal management and monitoring, documenting the identified dollar amount, and contract monitoring.
4. **Clarity:** Currently, the dollar amount identified on closed provider cases include Fee For Service Medicaid provider numbers. This dollar amount identified is the amount identified by the Program Integrity unit itself and by the contractor, Molina Medicaid Solutions SURS unit. (Molina is the contractor with Program Integrity).
5. **Accuracy, Maintenance, Support:** A sample of cases have been audited annually by the Office of the Legislative Auditor. The sample has included closed cases with a dollar amount identified.
6. **Data Source, Collection and Reporting:** This indicator is pulled from a database. The identified dollar amount is entered on each case upon case closure by the Molina contractor and the database is maintained by the Molina contractor. However, Program Integrity has access to view the database and is able to pull a report from the database to obtain this indicator. And, Molina sends a monthly report of the total dollar amount identified on closed cases. Also, Program Integrity has previously reported this indicator to Executive Management for State Fiscal Years. Additionally, Program Integrity has started reporting this indicator on a quarterly basis to Executive Management in order to keep the Louisiana Legislature up-to-date.
7. **Calculation Methodology:** This indicator is obtained by using a Total Report from the database. There is no actual calculation.
8. **Scope:** This indicator is the total dollar amount identified on closed provider cases that were under investigation.
9. **Caveats:** At this time, this indicator only reflects Fee for Service Medicaid provider numbers. (However, in the future, this indicator may change depending on the future method of MCO reviews/MCO network provider reviews.)
10. **Responsible Person:** Amelia Lowe, Program Integrity RN Supervisor B, telephone 225-219-4156, fax 225-219-4155, and e-mail address Amelia.Lowe@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Louisiana Department of Health / MVA / Program Integrity Section

ACTIVITY: Program Integrity (PI) – Surveillance and Utilization Review System (SURS)

OBJECTIVE: Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2022.

INDICATOR NAME: Dollar amount recovered on closed cases

LaPAS PI Code: New

1. **Type and Level:** Output/Quality/General Performance Information
2. **Rationale:** This indicator allows for an assessment of the total dollar amount recovered on closed provider cases. It reflects a financial picture of the dollar amount recovered that is associated with fraud, waste, and abuse.
3. **Use:** This indicator is used for internal management and monitoring, documenting the dollar amount recovered, and contract monitoring.
4. **Clarity:** Currently, the dollar amount recovered on closed provider cases include Fee For Service Medicaid provider numbers. This dollar amount recovered is the amount recovered by the Program Integrity unit itself and by the contractor, Molina Medicaid Solutions SURS unit. (Molina is the contractor with Program Integrity).
5. **Accuracy, Maintenance, Support:** A sample of cases have been audited annually by the Office of the Legislative Auditor. The sample has included closed cases with a dollar amount recovered.
6. **Data Source, Collection and Reporting:** This indicator is pulled from a database. The recovered dollar amount is entered on each case upon case closure by the Molina contractor and the database is maintained by the Molina contractor. However, Program Integrity has access to view the database and is able to pull a report from the database to obtain this indicator. And, Molina sends a monthly report of the total dollar amount recovered on closed cases. Also, Program Integrity has previously reported this indicator to Executive Management for State Fiscal Years. Additionally, Program Integrity has started reporting this indicator on a quarterly basis to Executive Management in order to keep the Louisiana Legislature up-to-date.
7. **Calculation Methodology:** This indicator is obtained by using a Totals Report in the database. There is no actual calculation.
8. **Scope:** This indicator is the total dollar amount recovered on closed provider cases that were under investigation.
9. **Caveats:** At this time, this indicator only reflects Fee for Service Medicaid provider numbers. . (However, in the future, this indicator may change depending on the future method of MCO reviews/MCO network provider reviews.)
10. **Responsible Person:** Amelia Lowe, Program Integrity RN Supervisor B, telephone 225-219-4156, fax 225-219-4155, and e-mail address Amelia.Lowe@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Louisiana Department of Health / MVA / Program Integrity Section

ACTIVITY: Program Integrity – Surveillance and Utilization Review System (SURS)

OBJECTIVE: Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2022.

INDICATOR NAME: Number of MFCU Referrals on closed cases

LaPAS PI Code: New

1. **Type and Level:** Output/Quality/General Performance Information
2. **Rationale:** One of the functions of Program Integrity is to report suspected fraud to the Medicaid Fraud Control Unit (MFCU) of the Attorney General's Office. Program Integrity is responsible for tracking MFCU Referrals to comply with federal regulations and for auditing purposes.
3. **Use:** This indicator is used for internal management and monitoring and for coordination with the Medicaid Fraud Control Unit (MFCU).
4. **Clarity:** For purposes of this Indicator, the number of MFCU Referrals will also include the number of MFCU Notices. A MFCU Referral is sent to the Medicaid Fraud Control Unit (MFCU) when there is a credible allegation of fraud based on a SURS review. A MFCU Notice is sent to MFCU when an allegation of fraud could not be validated through a SURS review but MFCU may be able to validate using their resources and methodologies. Currently, the MFCU Referrals and Notices on closed SURS cases include those on Fee For Service Medicaid provider numbers. These closed SURS cases include cases closed by the Program Integrity unit itself and cases closed by the contractor, Molina Medicaid Solutions SURS unit. (Molina is the contractor with Program Integrity).
5. **Accuracy, Maintenance, Support:** Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS)/Office of Inspector General (OIG)/Office of Audit Services (OAS) conduct audits on MFCU Referrals. And, a sample of cases have been audited annually by the Office of the Legislative Auditor which has included cases involving MFCU Referrals and MFCU Notices.
6. **Data Source, Collection and Reporting:** This indicator is pulled from a database. The case actions are entered into this database upon case closure by the Molina Medicaid Solutions contractor and the database is maintained by the Molina contractor. However, Program Integrity has access to view the database and is able to pull a report from the database to obtain this indicator. And, Molina sends a monthly report with this indicator to Program Integrity. Also, Program Integrity has previously reported this indicator to Executive Management for State Fiscal Years. Additionally, Program Integrity has started reporting this indicator on a quarterly basis to Executive Management in order to keep the Louisiana Legislature up-to-date.
7. **Calculation Methodology:** This indicator is a numerical count. There is no calculation. However, the count may vary from numbers reported from the Medicaid Fraud Control Unit depending on their methodology of tracking.
8. **Scope:** This indicator represents the number of MFCU Referrals and number of MFCU Notices on closed cases.
9. **Caveats:** At this time, this indicator only reflects FFS Medicaid provider numbers. (However, in the future, this indicator may change depending on the future method of MCO reviews/MCO network provider reviews.)

10. Responsible Person: Amelia Lowe, Program Integrity RN Supervisor B, telephone 225-219-4156, fax 225-219-4155, and e-mail address Amelia.Lowe@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Louisiana Department of Health / MVA / Program Integrity Section

ACTIVITY: Program Integrity (PI) – Surveillance and Utilization Review System (SURS)

OBJECTIVE: Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2022

INDICATOR NAME: Number of ongoing reviews (open cases)

LaPAS PI Code: New

1. **Type and Level:** Input/Efficiency/Quality/General Performance Information
2. **Rationale:** This indicator allows for an assessment of ongoing reviews (open cases) in terms of current workload, progression of cases, and production.
3. **Use:** This indicator is used for internal management and monitoring, review of case activity, and contract monitoring
4. **Clarity:** Currently, ongoing reviews (open cases) include SURS cases opened on Fee for Service Medicaid provider numbers (including MCO provider numbers themselves). These open SURS cases include cases assigned to the Program Integrity unit itself and cases assigned to the Molina Medicaid Solutions SURS unit. Molina is the SURS contractor with Program Integrity.
5. **Accuracy, Maintenance, Support:** A sample of cases have been audited annually by the Office of the Legislative Auditor. The sample has included ongoing (open) cases at the time of the audit.
6. **Data Source, Collection and Reporting:** This indicator is pulled from a database. Cases are entered into this database upon case opening by the Molina contractor and the database is maintained by the Molina contractor. However, Program Integrity has access to view the database and is able to pull a report from the database to obtain this indicator. And, Molina sends a monthly report to Program Integrity of the number of ongoing cases. Also, in the past, Program Integrity has reported this indicator to Executive Management for State Fiscal Years. Additionally, Program Integrity has started reporting this indicator on a quarterly basis to Executive Management in order to keep the Louisiana Legislature up-to-date.
7. **Calculation Methodology:** This indicator is an unduplicated, numerical count. There is no actual calculation required. This indicator is obtained by using a report in the database.
8. **Scope:** This indicator is the total number of ongoing reviews (open cases) on providers under investigation.
9. **Caveats:** At this time, this indicator only reflects FFS Medicaid provider numbers and the MCO provider numbers themselves. (However, in the future, this indicator may change depending on the future method of MCO reviews/MCO network provider reviews.)
10. **Responsible Person:** Amelia Lowe, Program Integrity RN Supervisor B, telephone 225-219-4156, fax 225-219-4155, and e-mail address Amelia.Lowe@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Louisiana Department of Health / MVA / Program Integrity Section

ACTIVITY: Program Integrity (PI) – Surveillance and Utilization Review System (SURS)

OBJECTIVE: Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2022.

INDICATOR NAME: Number of complaints received

LaPAS PI Code: New

1. **Type and Level:** Input/General Performance Information
2. **Rationale:** This indicator allows for an assessment of the total number of complaints received from various sources, including the fraud hotline, LDH programs, and other sources. It is a guide of the type of case (complaint cases) anticipated for possible case opening on providers and projection of workload. Program Integrity is responsible for addressing complaints regarding possible fraud, waste and/or abuse of the Medicaid program.
3. **Use:** This indicator is used for internal management and documenting complaints received.
4. **Clarity:** The complaints received may be regarding providers or recipients. However, the majority of complaints are regarding providers. The complaints of fraud, waste, and abuse regarding Medicaid providers are triaged for possible case opening and are also referred to the appropriate entities.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of the Legislative Auditor to date. However, the actual cases involving complaints have been audited in the past.
6. **Data Source, Collection and Reporting:** Molina Medicaid Solutions is the contractor that triages the complaints received, enters the complaint into a database, and tracks the number and disposition of complaints in a database. The database is maintained by the Molina contractor; however, Program Integrity has access to the database.
7. **Calculation Methodology:** This indicator is a numerical count and is obtained from the database.
8. **Scope:** This indicator comes from the complaints received.
9. **Caveats:** None.
10. **Responsible Person:** Amelia Lowe, Program Integrity RN Supervisor B, telephone 225-219-4156, fax 225-219-4155, and e-mail address Amelia.Lowe@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Program Integrity

ACTIVITY: Program Integrity Fee for Service (FFS) Compliance

OBJECTIVE: Through the Program Integrity activity, prevent, detect and remove from participation providers that do not meet the eligibility criteria through June 30, 2022.

INDICATOR NAME: Number of provider exclusions and terminations

LaPAS PI Code: New

1. **Type and Level:** Outcome/General Performance Information
2. **Rationale:** By way of federal mandate, the state Medicaid Agency is required to excluded and terminate providers that fail to meet certain eligibility requirements outlined by law, rules, regulations and policy. Program Integrity is responsible for the execution of exclusions and terminations, tracking and reporting this information.
3. **Use:** This indicator is used for internal management and by our partner agencies for reporting.
4. **Clarity:** Exclusion and terminations are an adverse sanction imposed against an individual or entity that directly or indirectly owns 5% or more of the subject provider entity or directly has managerial input on the subject provider. The adverse action is usually a result of a criminal offense involving the Medicare, Medicaid or title XXI program, or current and previous activities of the individual or entity pose a financial risk to the program(s).
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of the Legislative Auditor to date.
6. **Data Source, Collection and Reporting:** The Program Integrity section maintains a tracking log and an Adverse Actions website (<https://adverseactions.LDH.la.gov/>).
7. **Calculation Methodology:** This indicator is an unduplicated count. There is no calculation.
8. **Scope:** This measure comes from the entirety of exclusion and termination adverse actions imposed by the Program Integrity section.
9. **Caveats:** None.
10. **Responsible Person:** Richard Pierce, Program Integrity Compliance Manager, telephone 225-219-2569, fax 225-242-0482, and e-mail address richard.pierce@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Program Integrity

ACTIVITY: Program Integrity Fee for Service (FFS) Compliance

OBJECTIVE: Through the Program Integrity activity, prevent, detect and remove from participation providers that do not meet the eligibility criteria through June 30, 2022.

INDICATOR NAME: FFS Cost Avoidance as a result of the adverse action taken by Program Integrity

LaPAS PI Code: New

1. **Type and Level:** Outcome/General Performance Information
2. **Rationale:** One measure of the effectiveness of Program Integrity is cost avoidance.
3. **Use:** This indicator is used for internal management reporting.
4. **Clarity** Cost Avoidance is an action or intervention that reduces or eliminates a cost or outlay that would have occurred if not for that action or intervention.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of the Legislative Auditor to date.
6. **Data Source, Collection and Reporting:** The provider's payment history record through the Medicaid Management Information System (MMIS) is the source and the Program Integrity section maintains a tracking log.
7. **Calculation Methodology:** For the purposes of this calculation the average of the provider's prior and current year's FFS payments is used and applied dollar for dollar.
8. **Scope:** This measure comes from the entirety of exclusion and termination adverse actions imposed by the Program Integrity section and the average of prior year and current year FFS Medicaid payments as documented in the MMIS.
9. **Caveats:** None.
10. **Responsible Person:** Richard Pierce, Program Integrity Compliance Manager, telephone 225-219-2569, fax 225-242-0482, and e-mail address richard.pierce@la.gov

306 STARTS HERE

PERFORMANCE INDICATOR DOCUMENTATION

****Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. ****

PROGRAM: Medical Vendor Payments- Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE: Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% FPL allowing for increased access to preventative care and reducing utilization of higher cost services.

INDICATOR NAME: Number of New Adults enrolled in Medicaid Managed Care

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **NEW**

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) Output/General
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) This indicator was selected because it tracks total number of New Adults enrolled in Medicaid Managed Care. This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making. This indicator will help management determine and monitor the number of New Adults enrolled in Medicaid Managed Care and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. This indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the ViewDirect report series MEM0814R90, State Totals w/ Appl Grand Totals For Med Elig Summaries, Category and Type Case of 51-550. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports.
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) The Medicaid Eligibility Data System (MEDS) produces data needed to populate the monthly reports in ViewDirect (MEM0814R series of reports). The data is produced monthly and runs the night of the 2nd business day of the following month.
- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard

calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? The calculation is the total number of New Adults enrolled in Medicaid Managed Care.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?) This indicator is the aggregated sum of New Adults enrolled in Medicaid Managed Care.
9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). Anita Milling, Eligibility Field Operations Section Chief 225-342-8908 , Anita.Milling@la.gov and Latham Folse, Medicaid Program Manager 1-B, 225-342-1149, Latham.Folse@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE 2: Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% federal poverty level (FPL) allowing for increased access to preventative care and reducing utilization of higher cost services.

INDICATOR NAME: Number of Primary Care Visits (Adult access to Primary Care – AAP)

LaPAS PI Code: NEW

1. **Type and Level:** Percentage increase in adults' access to preventive/ambulatory health services for Expanded Medicaid Healthcare members is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate ambulatory and preventive care
3. **Use:** This measure is use to track and monitor the program progress in assuring access and
4. **Clarity:** The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year. Numerator: Members with one or more ambulatory or preventive care visits during the measurement year. Denominator: The eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (UNO) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

LDH Contact(s): Tim Williams
tim.williams@la.gov
(225) 342-9490 (telephone)
(225) 342-1980 (fax)

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE 2: Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% federal poverty level (FPL) allowing for increased access to preventative care and reducing utilization of higher cost services.

INDICATOR NAME: Number of Mammograms (Breast Cancer Screening - BCS)

LaPAS PI Code: NEW

- 1. Type and Level:** Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer for Expanded Medicaid Coverage members is an Outcome indicator. The level of reporting for this indicator is Key (K).
- 2. Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate ambulatory and preventive care
- 3. Use:** This measure is use to track and monitor the program progress in assuring access and utilization of primary and preventive care
- 4. Clarity:** The number of women who had a mammogram to screen for breast cancer Numerator: One of more mammograms any time on or between October 1 two years prior to measurement year and December 31 of the measurement year. Denominator: The eligible population
- 5. Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
- 6. Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
- 7. Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
- 8. Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (ULM) to assist with the analysis and reporting of Bayou Health quality measures.
- 9. Caveats:** No, there are no noted limitations or weaknesses.
- 10. Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

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INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE 2: Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% federal poverty level (FPL) allowing for increased access to preventative care and reducing utilization of higher cost services.

INDICATOR NAME: Number of Childhood Immunizations (Childhood Immunization Status - CIS)

LaPAS PI Code: NEW

1. **Type and Level:** Number of immunizations for Expanded Medicaid Coverage members is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate ambulatory and preventive care
3. **Use:** This measure is use to track and monitor the program progress in assuring access and utilization of primary and preventive care
4. **Clarity:** The number of children that turn 2 years old during the measurement year and had specific vaccines by their second birthday. MCOs will report all combinations. Denominator: The eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (ULM) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE 2: Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% federal poverty level (FPL) allowing for increased access to preventative care and reducing utilization of higher cost services.

INDICATOR NAME: Number of Colonoscopies (Colorectal Cancer Screening – COL)

LaPAS PI Code: NEW

1. **Type and Level:** Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer for Expanded Medicaid Coverage members is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate ambulatory and preventive care
3. **Use:** This measure is use to track and monitor the program progress in assuring access and utilization of primary and preventive services.
4. **Clarity:** Numerator: One or more screenings for colorectal cancer. Any of the following criteria, fecal occult blood test during measurement year, flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year, and colonoscopy during the measurement year or the nine years prior to the measurement year. Denominator: The eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (ULM) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE 2: Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% federal poverty level (FPL) allowing for increased access to preventative care and reducing utilization of higher cost services.

INDICATOR NAME: Number of Emergency Department visits per 1000 (Ambulatory Care – AMB)

LaPAS PI Code: NEW

1. **Type and Level:** Number of primary care visits for percentage increase in adults' access to preventive/ambulatory health services for Expanded Medicaid Coverage members is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate ambulatory and preventive care
3. **Use:** This measure is used to track and monitor the program progress in assuring access and utilization of primary and preventive services.
4. **Clarity:** The number of members' utilization of ambulatory care. Outpatient and ED Visits per 1000 member months. Numerator: Members with one or more ambulatory or preventive care visits during the measurement year. Denominator: The eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (ULM) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE: Maximize state general fund savings generated through enhanced federal financing under expanded Medicaid coverage.

INDICATOR NAME: Total Medicaid expenditures for newly eligible adults

LaPAS PI Code: New

1. **Type and Level:** Output. Key.
2. **Rationale:** This indicator measures the total amount of Medicaid Expansion (Title IIIV New Adult Group) expenditures in both managed care model and fee for service.
3. **Use:** This data will be used to assess the agency's performance in expanding Medicaid to the New Adult Group.
4. **Clarity:** Medicaid expansion expenditures are enrollees are defined by Typecase 550 and can be found in multiple categories of service in both managed care and fee for service. PMPM payments to Medicaid Managed Care plans for physical and specialized behavioral health are made the month following enrollment. PMPM payments made under the Dental Benefit Program are for the current month of enrollment. Fee for service expenditures will include payments to providers indicated as private or public according the MARS Data Warehouse (MDW).
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. It is compiled and verified internally by LDH.
6. **Data Source, Collection and Reporting:** The source of this indicator is the MARS Data Warehouse (MDW) which is maintained by Molina and fed by the MMIS/MEDS mainframe. Expenditures may also include payments made through ISIS that are not reflected in the MDW such as the Health Insurance Providers Fee (HIPF).
7. **Calculation Methodology:** This indicator is calculated by filtering total Medicaid expenditures captured in MDW or ISIS for those related to Typecase 550 (New Adult Group) based on date of payment.
8. **Scope:** Reporting is at an aggregate level.
9. **Caveats:** N/A
10. **Responsible Person:** Kerri Lea, Medicaid Program Manager 1-B, 225-910-8832

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE: Maximize state general fund savings generated through enhanced federal financing under expanded Medicaid coverage.

INDICATOR NAME: Total state general fund savings from refinancing the cost of care for certain populations previously payable at regular match but now payable at enhanced match under expansion

LaPAS PI Code: New

1. **Type and Level:** Outcome. Key.
2. **Rationale:** This indicator measures the reduction in state general fund expenditures as a result of Medicaid Expansion (Title IIIIV New Adult Group).
3. **Use:** This data will be used to assess the agency's performance in expanding Medicaid to the New Adult Group.
4. **Clarity:** As a result of Medicaid expansion, a reduction in state general funds will be achieved through the refinancing a portion of existing enrollees who are expected to enroll in the New Adult Group and whose expenditures will be matched at the higher FMAP rate (existing enrollees who may be refinanced include: Take Charge Plus, Provisional Medicaid, Pregnant Women, Aid to Aged/Blind/Disabled, SSI, Medically Needy, Tuberculosis, Presumptive Eligibility, and Breast and Cervical Cancer). Savings calculated will include payments to providers indicated as private or public according the MARS Data Warehouse (MDW).
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. It is compiled and verified internally by LDH.
6. **Data Source, Collection and Reporting:** The source of this indicator is the MARS Data Warehouse (MDW) which is maintained by Molina and fed by the MMIS/MEDS mainframe.
7. **Calculation Methodology:** This indicator is calculated by comparing quarterly baseline state general fund expenditure data from SFY2015 for the groups identified above to the quarterly state general fund expenditures for July 1, 2016 forward, based on date of payment and matched at the applicable FMAP rate.
8. **Scope:** Reporting is at an aggregate level.
9. **Caveats:** N/A
10. **Responsible Person:** Kerri Lea, Medicaid Program Manager 1-B, 225-910-8832

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE: Maximize state general fund savings generated through enhanced federal financing under expanded Medicaid coverage.

INDICATOR NAME: Inpatient hospital expenditures for incarcerated offenders eligible under expansion

LaPAS PI Code: New

1. **Type and Level:** Output. Key.
2. **Rationale:** This indicator measures the inpatient hospital expenditure amount for incarcerated individuals now eligible for Medicaid Expansion (Title IIIV New Adult Group).
3. **Use:** This data will be used to assess the agency's performance in expanding Medicaid to the New Adult Group.
4. **Clarity:** This indicator will capture inpatient hospital expenditures for Department of Corrections (DOC) incarcerated members who qualify for the New Adult Group and whose lock in code (5 or 6) is removed in order for them to be temporarily eligible and service inpatient hospital services. These enrollees are defined by Typecase 550 and the expenditures reported will be limited to claim category of service 01 (Inpatient Service in General Hospital) and include only claims (transaction type 1). Expenditures will include payments to providers indicated as private or public according the MARS Data Warehouse (MDW).
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. It is compiled and verified internally by LDH.
6. **Data Source, Collection and Reporting:** The source of this indicator is the MARS Data Warehouse (MDW) which is maintained by Molina and fed by the MMIS/MEDS mainframe.
7. **Calculation Methodology:** This indicator is calculated by filtering total Medicaid expenditures captured in MDW for claims related to Typecase 550 (New Adult Group) based on date of payment for claim category of service 01.
8. **Scope:** Reporting is at an aggregate level.
9. **Caveats:** N/A
10. **Responsible Person:** Kerri Lea, Medicaid Program Manager 1-B, 225-910-8832

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE: Maximize state general fund savings generated through enhanced federal financing under expanded Medicaid coverage.

INDICATOR NAME: Dollar reduction in total Disproportionate Share Hospital (DSH) program expenditures.

LaPAS PI Code: New

1. **Type and Level:** General Performance Information
2. **Rationale:** The indicator was selected because Medicaid expansion begins July 1, 2016. DSH payments are partly made to cover uninsured and the objective would show a reduction in the uninsured population.
3. **Use:** It could be used for performance-based budgeting purposes because it could result in a decrease in the amount budgeted for DSH.
4. **Clarity:** Yes, the indicator name does clearly identify what is being measured.
5. **Validity, Reliability and Accuracy:** No, the data has not been audited by the Legislative Auditor. CMS (Centers for Medicare and Medicaid Services) mandates DSH audits and this data will be audit as part of that process.
6. **Data Source, Collection and Reporting:** The source of the data is payments made from DSH schedule submitted by hospitals and reviewed for reasonableness by contractors or staff. These schedules are submitted to LDH annually.
7. **Calculation Methodology:** The indicator will be calculated by subtracting DSH expenditures in SFY 2017 from the DSH expenditures in SFY 2016.
8. **Scope:** The indicator will be aggregated as it will represent all hospitals within the state who receive DSH.
9. **Caveats:** No, it does not have any caveats.
10. **Responsible Person:** Erin Lee, Program Manager. 225 342-3063, fax: 225 225-342-9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor Payments - Payments to Private Providers

ACTIVITY: Expand Medicaid Coverage

OBJECTIVE: Maximize state general fund savings generated through enhanced federal financing under expanded Medicaid coverage.

INDICATOR NAME: Percent reduction in total DSH program expenditures.

LaPAS PI Code: New

1. **Type and Level:** General Performance Information
2. **Rationale:** The indicator was selected because Medicaid expansion begins July 1, 2016. DSH payments are partly made to cover uninsured and the objective would show a reduction in the uninsured population.
3. **Use:** It could be used for performance-based budgeting purposes because it could result in a decrease in the amount budgeted for DSH.
4. **Clarity:** Yes, the indicator name does clearly identify what is being measured.
5. **Validity, Reliability and Accuracy:** No, the data has not been audited by the Legislative Auditor. CMS (Centers for Medicare and Medicaid Services) mandates DSH audits and this data will be audit as part of that process.
6. **Data Source, Collection and Reporting:** The source of the data is payments from the DSH schedule submitted by hospitals and reviewed for reasonableness by contractors or staff. These schedules are submitted to LDH annually.
7. **Calculation Methodology:** The indicator will be calculated by subtracting DSH expenditures in SFY 2017 from the DSH expenditures in SFY 2016. Then divide the difference by the SFY 2016 expenditures and multiply by 100.
8. **Scope:** The indicator will be aggregated as it will represent all hospitals within the state who receive DSH.
9. **Caveats:** No, it does not have any caveats.
10. **Responsible Person:** Erin Lee, Program Manager. 225 342-3063, fax: 225 225-342-9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Fee for Service Program

OBJECTIVE 1: Through the Fee for Service Program activity, implement policy and payment reform activities through state fiscal year 2022.

INDICATOR NAME: Percentage of deliveries by Cesarean section

LaPAS PI Code: 25569

1. **Type and Level:** Outcome/Key.
2. **Rationale** Louisiana has one of the highest rates of caesarean births across all states. The elimination of unnecessary caesarean deliveries will reduce related complications and improve health outcomes for mother and child.
3. **Use:** This data will be used to assess the agency's performance in reducing unnecessary caesarean birth
4. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. It will be calculated by internal LDH staff, tracking and analysis of the data will be supported by statewide efforts to improve birth outcomes.
5. **Clarity:** n/a
6. **Data Source, Collection and Reporting:** Medicaid claims data via MARS Data Warehouse, Vital Records Birth Data and supplemental chart review and validation as needed. Includes Fee For Service claims and excludes encounters submitted by Prepaid plans.
7. **Calculation Methodology: Managed Care:** numerator: # of Medicaid Caesarean Deliveries
Denominator: total Medicaid Deliveries for the reporting period
8. **Scope:** Reporting is at an aggregate program level. Supporting data by health plan and for Legacy Medicaid will be available for comparative purposes.
9. **Caveats:** n/a
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Fee-for-Service Program

OBJECTIVE: Through the Fee-For-Service Program activity, implement policy and payment reform activities through state fiscal year 2022.

INDICATOR NAME: Follow-Up Care visits for Children enrolled in a Fee-For-Service Program who are prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

LaPAS PI Code: NEW

1. **Type and Level:** Outcome indicator. The level of reporting for this indicator is Key (G).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate and preventive care
3. **Use:** This measure is use to track and monitor the program progress in assuring access and utilization of primary and preventive services.
4. **Clarity:** The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10 month period, one of which was within 30 days of when the first ADHD medication was dispensed. PHASE 1 - **Numerator:** Initial Phase percentage of 6-12 year olds with 30 days after the Index Rx start date (IPSD) **Denominator:** Rate 1 eligible population. Also, PHASE 2 - **Numerator:** Continuation Phase percentage of 6-12 year olds who remained on Rx for at least 210 days and had at least 2 additional visits within 270 days after initial phase **Denominator:** Rate 2 eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2016: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (UNO) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information.
LDH Contact(s): Tim Williams
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306A – Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 1: Through the Medicaid Managed Care program activity, to increase budget predictability while providing for service delivery model of high quality medically necessary health services, avoiding unnecessary duplication of services.

INDICATOR NAME: Percentage of Medicaid enrollees enrolled in a managed care model

LaPAS PI Code: 25602

1. **Type and Level:** Output. Key.
2. **Rationale:** This indicator measures the extent to which the Medicaid population is enrolled in a managed care model.
3. **Use:** This data will be used to assess the agency's performance in expanding Medicaid Managed Care to include currently excluded Medicaid enrollees, as feasible.
4. **Clarity:** Medicaid enrollees are those individuals who are: 1) determined eligible in accordance with the Louisiana Medicaid State Plan, both federally mandated or state legislatively approved optional groups, and CMS-approved Medicaid Waivers and Medicaid Eligibility Manual, and 2) certified in the Medicaid Eligibility Data System (MEDS). Medicaid managed care enrollees are defined as those Medicaid enrollees for whom LDH pays a Per Member Per Month rate (PMPM) to a managed care plan as defined in 42 CFR Part 438. Only enrollees for whom LDH pays the comprehensive PMPM for physical health, specialized behavioral health (SBH), and NEMT are reported. Enrollees for whom LDH pays the limited SBH Only PMPM are excluded from this measure.
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. It is compiled and verified internally by LDH.
6. **Data Source, Collection and Reporting:** The source of this indicator is the MARS Data Warehouse (MDW) which is maintained by Molina and fed by the MMIS/MEDS mainframe.
7. **Calculation Methodology: Managed Care** Percentage of Medicaid enrollees enrolled in a managed care model = $\frac{\text{Number of Medicaid Medicaid Managed Care managed care enrollees with a P linkage}}{\text{Number of Medicaid enrollees}}$
8. **Scope:** Reporting is at an aggregate level.
9. **Caveats:** n/a
10. **Responsible Person:** Kerri Lea, Medicaid Program Manager 1-B, 225-910-8832

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments- Payment to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 1: Through the Medicaid Managed Care program activity, to increase budget predictability while providing for service delivery model of high quality medically necessary health services, avoiding unnecessary duplication of services.

INDICATOR NAME: Percentage of Medicaid enrollee expenditures under a managed care model

LaPAS PI Code: 25603

1. **Type and Level:** Output. Key.
2. **Rationale:** This indicator measures the extent to which Medicaid covered services are provided through a managed care model.
3. **Use:** This data will be used to assess the agency's performance in expanding Medicaid Managed Care to include currently excluded services, as feasible.
4. **Clarity:** Medicaid enrollee expenditures are defined as all expenditures for Agency 09-306. Medicaid enrollee expenditures under a managed care model are defined as all expenditures for Medicaid enrollees enrolled in a managed care plan, exclusive of expenditures for services carved out of (not included in) managed care models. Medicaid enrollees are those individuals who are: 1) determined eligible in accordance with the Louisiana Medicaid State Plan, both federally mandated or state legislatively approved optional groups, and CMS-approved Medicaid Waivers and Medicaid Eligibility Manual, and 2) certified in the Medicaid Eligibility Data System (MEDS). Medicaid managed care enrollees are defined as those Medicaid enrollees for whom LDH pays a Per Member Per Month rate (PMPM) to a managed care plan as defined in 42 CFR Part 438. Only enrollees for whom LDH pays the comprehensive PMPM for physical health, specialized behavioral health (SBH), and NEMT are reported. Enrollees for whom LDH pays the limited SBH Only PMPM are excluded from this measure.
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. It is compiled and verified internally by LDH. .
6. **Data Source, Collection and Reporting:** Medicaid managed care rule and contracts relative to scope of covered services included and excluded. MMIS claims payment data via MARS Data Warehouse.
7. **Calculation Methodology:** Percentage of Medicaid Medicaid Managed Care enrollee expenditures under a managed care model (p linkage only) = Medicaid expenditures for enrollees in a managed care plan, exclusive of expenditures for services carved out of (not included in) managed care / Total expenditures for all Medicaid enrollees.
8. **Scope:** Reporting is at an aggregate level.
9. **Caveats:** n/a
10. **Responsible Person:** Kerri Lea, Medicaid Program Manager 1-B, 225- 910-8832

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payment to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 1: Through the Medicaid Managed Care program activity, to increase budget predictability while providing for service delivery model of high quality medically necessary health services, avoiding unnecessary duplication of services.

INDICATOR NAME: Annual amount of premium taxes paid by Medicaid Managed Care plans

LaPAS PI Code: 25604

1. **Type and Level:** Outcome. Key.
2. **Rationale:** This indicator measures the State revenue impact of Medicaid Managed Care Organizations. Premium taxes levied by the State on Per Member Per Month (PMPM) payments to Medicaid Managed Care Prepaid Plans is collected by the Louisiana Department of Insurance and transferred to LDH to meet state matching requirements for federal financial participation in the Medicaid program.
3. **Use:** This data will inform future budgeting decisions relative to the financial requirements of the Medicaid program.
4. **Clarity:** Medicaid Managed Care Prepaid Plans are defined as insurance companies required to pay a license tax by the Louisiana Insurance Code and contracted with LDH to provide Medicaid benefits and services to Louisiana Medicaid Managed Care Program enrollees in exchange for a monthly prepaid capitated amount per member.
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data obtained from the Louisiana Department of Insurance Form 1061 Annual Premium Tax Statement filed by Medicaid Managed Care Organizations not later than March 1st of each year.
7. **Calculation Methodology:** As specified on the LA DOI Form 1061.
http://www.la.gov/DOI/Forms/FinancialSolvency/Surplus_Lines/Form1061.pdf
8. **Scope:** Reporting is at an aggregate level, summing the amount of tax paid by each Medicaid Managed Care Prepaid Plan.
9. **Caveats:** N/A
10. **Responsible Person:** Steve Annison, Medicaid Program Manager 1-A, 225-342-5935

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 2: Increase preventive healthcare through the Medicaid Managed Care activity, and improve quality, performance measurement, and patient experience for Medicaid Managed Care members.

INDICATOR NAME: Percentage increase in adults' access to preventive/ambulatory health services for Medicaid Managed Care members.

LaPAS PI Code: NEW

1. **Type and Level:** Percentage increase in adults' access to preventive/ambulatory health services for BAYOU HEALTH members is an Outcome indicator. The level of reporting for this indicator is Key (K).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate ambulatory and preventive care
3. **Use:** This measure is use to track and monitor the program progress in assuring access and
4. **Clarity:** The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year. Numerator: Members with one or more ambulatory or preventive care visits during the measurement year. Denominator: The eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (UNO) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

LDH Contact(s): Tim Williams
tim.williams@la.gov, (225) 342-9490 (telephone), (225) 342-1980 (fax)

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 2: Increase preventive healthcare through the Medicaid Managed Care activity, and improve quality, performance measurement, and patient experience for Medicaid Managed Care members.

INDICATOR NAME: *Percentage increase in Well-child Visits in the third, fourth, fifth and sixth years of Life for Medicaid Managed Care members*

LaPAS PI Code: NEW

1. **Type and Level:** Outcome indicator. The level of reporting for this indicator is General (G)
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate primary and preventive care.
3. **Use:** This measure is use to track and monitor the program progress in assuring access to and utilization of primary and preventive services.
4. **Clarity:** The percentage of enrolled members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. the numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (UNO) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 2: Increase preventive healthcare through the Medicaid Managed Care activity, and improve quality, performance measurement, and patient experience for Medicaid Managed Care members.

INDICATOR NAME: Percentage increase in Adolescent Well-Care Visits for Medicaid Managed Care members.

LaPAS PI Code: NEW

1. **Type and Level:** Outcome indicator. The level of reporting for this indicator is General (G)
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate primary and preventive care.
3. **Use:** This measure is used to track and monitor the program progress in assuring access to and utilization of primary and preventive services
4. **Clarity:** The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO). The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2013: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (UNO) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 2: Increase preventive healthcare through the Medicaid Managed Care activity, and improve quality, performance measurement, and patient experience for Medicaid Managed Care members.

INDICATOR NAME: *Percentage of Medicaid Managed Care members in case management*

LaPAS PI Code: NEW

1. **Type and Level:** Output indicator. The level of reporting for this indicator is Key (K)
2. **Rationale:** Actual engagement of members with special health care needs due to one or more chronic into active case management services is critical to remediation of complications and unnecessary complications from lack of disease management or care coordination. Traditional managed care brings significant tools and resources to identify members in need of case management; however identification alone is insufficient to improve outcomes and reduce preventable complications or unnecessary or inappropriate utilization of services. Historically, getting segments of the target population to actively participate in case management even when offered as been difficult. Often these are the members who could benefit most from the added assistance offered. Increasing actual participation in case management is expected to result in significant improvement in health outcomes and reduction in the cost of unnecessary or inappropriate services.
3. **Use:** This measure is used to track and monitor the program progress in increasing actual member participation in case management.
4. **Clarity:** The percentage of enrolled members identified as eligible for case management that are enrolled and participating in a disease management and/or case management program.
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The measure is self-reported by each health plan quarterly and annually and is subject to internal staff review and audit by our clinical quality team. All self-reported Bayou Health reports require an attestation of accuracy and completeness and there are contractual provisions for corrective actions and sanctions for non-compliance.
6. **Data Source, Collection and Reporting:** The primary data source is Bayou Health Report PQ039 – Case Management Report. The measure is self-reported by each health plan quarterly and annually
7. **Calculation Methodology:** This measure is calculated according reporting instructions and definitions available at http://new.LDH.louisiana.gov/assets/docs/BayouHealth/Prepaid_Deliverables/PQ039_Case_Management_Summary_Template.xlsx
8. **Scope:** This measure is reported by each health plan quarterly with a cumulative annual report.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 2: Increase preventive healthcare through the Medicaid Managed Care activity, and improve quality, performance measurement, and patient experience for Medicaid Managed Care members.

INDICATOR NAME: **Percentage increase of children's access to behavioral health services**

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **New**
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) **This indicator was chosen because it helps the Department determine if Objective 1 is being met. The provision of behavioral health services is new to Louisiana. By utilizing this indicator, the Department can monitor increased utilization of these services to children.**
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? **Internal management as well as performance-based budgeting**
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. **Yes, utilization of behavioral health services for Medicaid children.**
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? **Information from the Data Warehouse under operation of Fiscal Intermediary and oversight of MMIS**
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) **Internal databases will be used; data should be collected and reported annually and should be reported on a SFY basis.**
- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? **Standard**
- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?) **It will be a statewide calculation**

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. [None known.](#)
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). [Lou Ann Owen, Medicaid Deputy Director, 624 N. 4th Street, P. O. Box 91030, BRLA 70821-9030; 225-342-1353, fax \(225\)-342-9508; LouAnn.Owen@LA.GOV](#)

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 – Medical Vendor Payments – Payments to Private Providers

ACTIVITY: Medicaid Managed Care

OBJECTIVE 2: Increase preventive healthcare through the Medicaid Managed Care activity, and improve quality, performance measurement, and patient experience for Medicaid Managed Care members.

INDICATOR NAME: Follow-Up Care visits for Children enrolled in a managed care Plan who are prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

LaPAS PI Code: NEW

1. **Type and Level:** Outcome indicator. The level of reporting for this indicator is Key (G).
2. **Rationale:** This measure is an indicator of the availability of primary care services and the actual utilization of appropriate and preventive care
3. **Use:** This measure is use to track and monitor the program progress in assuring access and utilization of primary and preventive services.
4. **Clarity:** The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10 month period, one of which was within 30 days of when the first ADHD medication was dispensed. PHASE 1 - **Numerator:** Initial Phase percentage of 6-12 year olds with 30 days after the Index Rx start date (IPSD) **Denominator:** Rate 1 eligible population. Also, PHASE 2 - **Numerator:** Continuation Phase percentage of 6-12 year olds who remained on Rx for at least 210 days and had at least 2 additional visits within 270 days after initial phase **Denominator:** Rate 2 eligible population
5. **Accuracy, Maintenance, Support:** This measure has not been audited by the Office of the Legislative Auditor. The NCQA reporting process requires that standard methodologies are used, use of NCQA certified software or vendors is required and the data is submitted and processed through NCQA. In addition, the annual submission of all LDH required HEDIS measures is reviewed annually by the CMS required contracted External Quality Review Organization (EQRO).
6. **Data Source, Collection and Reporting:** The primary data source for this measure is claims and encounter data as collected and reported by the Bayou Health Plans and the state Fiscal Intermediary. The data may also be supplemented through actual chart review to verify provision of services. The measures are calculated by each Bayou Health Plan as submitted and certified by NCQA and subject to review by the CMS required contracted External Quality Review Organization (EQRO) The data are collected on a calendar year basis and reported through NCQA annually in the spring following year of collection
7. **Calculation Methodology:** This measure is calculated according to NCQA defined standard methodology (see NCQA HEDIS 2016: Technical Specifications for Health Plans)
8. **Scope:** In addition to reporting through NCQA. The numerator, denominator and percent calculations are submitted to LDH and the University of Louisiana Monroe (ULM) through the EQRO. LDH utilizes the services of the University of Louisiana Monroe (UNO) to assist with the analysis and reporting of Bayou Health quality measures.
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Medicaid Quality Improvement and Reporting sections are responsible for reporting performance information. .

LDH Contact(s):

Tim Williams
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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Medical Vendor Payments- Payments to Private Providers

ACTIVITY: Behavioral Health Services Reform

OBJECTIVE: Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance in institutional care by State Fiscal Year 2022.

INDICATOR NAME: Number of recipients with a primary mental health diagnosis receiving community-based services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25561**

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Key (INPUT)

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. As services are made available in the community, there should also be a decreased reliance and utilization of the mental health emergency departments. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? *No* If so, what was the result? If not, what evidence is available to

support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

Claims data will allow for accuracy and consistency of data.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

Data will be retrieved MDW data warehouse on a quarterly basis.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be calculated by retrieving the number of people accessing community based services who have a mental health diagnosis. The number will be compared from quarter to quarter.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This is a statewide figure.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Cynthia Bennett, Program Manager, Cynthia.Bennett@la.gov, 225.342.7513 (o), 225.389.8125(f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Medical Vendor Payments- Payment s to Private Providers

ACTIVITY: – Behavioral Health Services Reform

OBJECTIVE: Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance in institutional care by State Fiscal Year 2022.

INDICATOR NAME: Percentage change in the number of recipients with a primary mental health diagnosis receiving community-based services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Key (INPUT)

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. As services are made available in the community, there should also be a decreased reliance and utilization of the mental health emergency departments. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? *No* If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

The data will be pulled utilizing claims data which allows for accuracy and consistency.

- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

Data will be retrieved MDW data warehouse on a quarterly basis.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The number of recipients accessing community based behavioral health services will be retrieved on a quarterly basis. The percent will be calculated by change in the number of recipients accessing services from quarter to quarter.

- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This is a statewide figure.

- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This data will be pulled from the MDW data warehouse on a quarterly basis.

- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Cynthia Bennett, Program Manager, Cynthia.Bennett@la.gov, 225.342.7513 (o), 225.389.8125 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Medical Vendor Payments- Payments to Private Providers

ACTIVITY: Behavioral Health Services Reform

OBJECTIVE: Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance in institutional care by State Fiscal Year 2022.

INDICATOR NAME: Percentage of recipients reporting satisfaction with behavioral health services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

Supporting (Quality)

2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities, behavioral health services have been integrated with primary care into the existing managed care system. This indicator will serve to measure the level of satisfaction with the services offered through the partnership.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No. This number will be obtained from the managed care organizations.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The managed care organizations developed surveys that will be completed by recipients. The percentage of recipients that report satisfaction with services will be recorded.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This will be based on the number of people across the state that completes the survey.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Cynthia Bennett, Program Manager, Cynthia.Bennett@la.gov, 225.342.7513 (o), 225.389.8125 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Medical Vendor Payments- Payments to Private Providers

ACTIVITY: Behavioral Health Services Reform

OBJECTIVE: Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance in institutional care by State Fiscal Year 2022.

INDICATOR NAME: Number of corrective actions the Managed Care Organizations are required to complete as a result of the annual external quality review

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
Supporting (Quality)
2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
In efforts to improve the quality of services and health outcomes by implementing a cohesive service delivery model of high quality, medically necessary behavioral health services were integrated with primary care into the existing managed care system. This indicator serves to ensure that the Managed Care Organizations are functioning as intended.
3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator services to ensure that the Managed Care Organizations are functioning as intended.
4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.
5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This is a new performance indicator. The external review will be conducted by an outside entity and verified by program staff to ensure accuracy and consistency.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
Data will be retrieved by external quality review organization on an annual basis.
7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This is a straightforward number of corrective actions that will be recorded.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This information will be obtained from an external review team.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Cynthia Bennett, Program Manager, Cynthia.Bennett@la.gov, 225.342.7513 (o), 225.389.8125 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 Program A: Payments to Private Providers

ACTIVITY: Pharmacy Benefits Management Services

OBJECTIVE: Through the Medicaid Pharmacy Benefits Management Program, reduce the rate of growth of expenditures for drugs in the legacy program and by contracting with Medicaid Managed Care MCOs.

INDICATOR NAME: Amount of Cost Avoidance (in millions) through the Prior Authorization Program and use of the Preferred Drug List (PDL)

LaPAS PI Code: 15421

- 1. Type and Level:** Amount of Cost Avoidance (in millions) is an Outcome indicator. The Level of reporting for this indicator is Key (K).
- 2. Rationale:** This indicator was developed to report the performance of the State Supplemental Rebate Program within Medical Vendor Administration. Act 395 of the 2001 Regular Session of the Louisiana Legislature amended R.S.46:153.3 (B)(2)(a) and authorized the Louisiana Department of Health (LDH) to establish a drug formulary utilizing a Prior Authorization (PA) process or any other process or combination of processes that prove to be cost-effective in the medical assistance program. The Act also created a Pharmaceutical and Therapeutics (P&T) Committee comprised of twenty-one (21) members, including physicians and pharmacists. The Committee began meeting in August 2001. On June 10, 2002, the Department implemented a Preferred Drug List (PDL) with a Prior Authorization (PA) process and a Supplemental Drug Rebate program through a phased-in approach. The PDL/PA and supplemental rebate features were implemented meeting all applicable federal and state statutes. The P&T Committee currently meets twice a year and is responsible for developing the Preferred Drug List (PDL) in conjunction with the PA process.
- 3. Use:** The PBM Section is charged with the responsibility of assuring quality pharmacy services while developing efficiencies in operation, service and cost. Amount of Cost Avoidance (in millions) reports cost avoided/savings from supplemental rebated and market shift savings generated by the Preferred Drug List. This indicator has and will continue to be used for internal purposes, performance based budgeting, legislative and other reports.
- 4. Clarity:** Amount of Cost Avoidance (in millions) through the Prior Authorization Program and use of the Preferred Drug List (PDL) identifies what is being measured. It is the cost avoidance generated by the PDL as a result of accrual of supplemental rebates and market share savings.
- 5. Accuracy, Maintenance, Support:** Yes, the indicator and subsequent performance data has been audited by the Office of the Legislative Auditor. The Pharmacy program is highly monitored by State and Federal auditors as many areas of this program are statutorily required.
- 6. Data Source, Collection and Reporting:** PBM utilizes the services of the University of New Orleans (UNO) and Provider Synergies/Magellan Medicaid Administration, Inc., to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program. Monthly Claim Files are submitted by UNO supplemental rebate billing, as part of the monthly claims loads process to Provider Synergies. In addition, UNO submits quarterly, as a part of the quarterly invoicing

process, the CMS Rate File to Provider Synergies/Magellan. Provider Synergies/Magellan Medicaid Administration utilizes the monthly and quarterly data to provide quarterly data analysis. There is a one quarter delay in the data that is reported. For example, October 1, 2012 – December 31, 2012 data is reported for the January 1, 2013 – March 31, 2013 quarter.

A PDL Performance Report is generated by Provider Synergies/Magellan Medicaid Administration on a quarterly basis to determine the Amount of Cost Avoidance. There are two steps to the development of the PDL Performance report; first is the development of the cost sheets presented at the Pharmaceutical and Therapeutics (P&T) committee meeting. The cost sheets are developed for the scheduled therapeutic categories prior to each Pharmaceutical and Therapeutics (P&T) meeting; therefore each therapeutic category will have an annual cost sheet. Cost sheets represent projections of estimated market share shifts and supplemental rebates. The second phase is the development of the quarterly PDL Performance report which measures savings or cost avoidance and also compares the cost sheets (projections) to actual results. The PDL performance report is analyzed and developed each quarter for all the therapeutic categories and for each drug reviewed for the PDL program.

The data sources for the cost sheets and the PDL Performance report include actual utilization of prescriptions (obtained from UNO for statewide data), total cost paid by state, federal rebate amounts, maximal allowable cost (MAC) pricing, Federal Upper Limit (FUL) pricing, and offers for supplemental rebates. Estimation of market share shifts and the impact of drugs being ON the PDL or requiring prior authorization are included in the analysis.

The PDL Performance report derives cost avoidance from calculating the projected spend without the PDL for each therapeutic category (from the cost sheet) minus the sum of cost avoidance from market shifts and savings from supplemental rebates. The difference between the projected spend without the PDL and the projected spend with the PDL results in Total Savings with Recommendations; this is calculated for each therapeutic category. The Total Savings with Recommendations represents the projected cost avoidance from both the market share shifts and the supplemental rebates.

Additionally, Provider Synergies/Magellan Medicaid Administration, Inc., analyzes the effect of volume changes in prescriptions for all drugs in each therapeutic category as volume changes can have a significant impact on the total spend and savings. To allow for this and separate that influence out from the impact of market share shift rates, federal rebates, and supplemental rebates billed, savings is reported out in two lines for each class by effect of rates and effect of volume.

Other variances between the projected savings on the cost sheets and the actual savings may include changes in volume, differences in market share shifts than expected, changes in manufacturer pricing not guaranteed by contract, clinical issues that develop with one or more products within a class, and launch of new branded or generic products, or removal of drugs from the market. Variances between the projected and realized savings are listed on the report. New drugs, both branded and generic products, are incorporated into the report as utilization occurs, because they can have considerable impact on market share.

The PDL Performance report is dependent on the receipt of utilization data, CMS rebate tape, and supplemental rebate billing file each quarter. The report is generated about 75 to 89 days following the quarter end. Quarterly savings are totaled and reported annually based on the fiscal calendar.

7. Calculation Methodology: There are two ways that Louisiana derives savings from the PDL: (1) supplemental rebates and (2) market shift savings. Both types of savings are listed in the PDL Supplemental Rebate & Market Shift Report that is sent quarterly to LDH.

a. **Supplemental Rebates = (Supplemental Rebate Per Unit x Number of Units Dispensed)**

Supplemental rebate per unit is calculated in accordance with the supplemental rebates offered for products (identified by 11-digit NDC) that are included on the PDL.

The predominant calculation type that manufacturers may use is called a “guaranteed net unit price” (GNUP). GNUP calculations are different from total percent offers because they protect the state from price increases through manufacturer price guarantees. If the manufacturer increases its price, it makes up the price increase penny for penny in additional rebates. For example, if the manufacturer offered a GNUP of \$0.60 per unit, its federal rebate was \$0.25 and the AWP of the product was \$1.00, the manufacturer would pay a \$0.15 supplemental rebate. Should the manufacturer then increase its price to \$1.10, the rebate liability would also increase, from \$0.40 to \$0.50 (i.e. \$1.10 - \$0.60). The supplemental rebate would increase from \$0.15 to \$0.25.

b. **Market Shift Savings = Total Savings – Supplemental Rebates**

Market shift savings occur when a patient on a product not included on the PDL changes therapy to a preferred medication that is less expensive. Essentially, this is a measure of cost avoidance for the Medicaid program.

For example, suppose that a non-preferred medication costs the Louisiana Medicaid program \$40 per prescription (after all rebates are applied), and the physician changes a recipient’s drug regimen to replace that medication with one on the PDL that costs \$30 per prescription (again, after application of all rebates). As a result of the change, the Medicaid program saves \$10 each time the recipient receives the new prescription versus incurring the additional cost had the patient not changed drugs.

In some cases, products are placed on the PDL and generate savings even without offering a supplemental rebate. This situation occurs either because the product is less expensive or because it has a large federal rebate that renders the net price paid by LDH lower than the cost of competing therapies.

Market shift savings for each class are calculated for each drug name in the class, and then summed for the class total. Total savings is the sum of market shift savings and supplemental rebate savings.

8. **Scope:** The Amount of Cost Avoidance (in millions) is reported in aggregate form. UNO submits the information to Provider Synergies on a monthly basis as aggregate claims for the entire state. UNO and PS can provide detailed information upon request, as long as the information is not confidential.
9. **Caveats:** Provider Synergies/Magellan Medicaid Administration utilizes the monthly and quarterly data to provide quarterly data analysis. There is a one quarter delay in the data that is reported. For example, October 1, 2012 – December 31, 2012 data is reported for the January 1, 2013 – March 31, 2013 quarter.
10. **Responsible Person:** Pharmacy staff is responsible for reporting performance information to Health Louisiana and LDH. PBM Legacy utilizes the services of the University of New Orleans (UNO) and Provider Synergies/Magellan Medicaid Administration to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program.

LDH Pharmacy Contact(s): Germaine Becks-Moody

UNO Contact:

Germaine.Becks-Moody@LA.GOV

(225) 342-9479 (telephone)

(225) 342-1980 (fax)

Dara Horcasitas

Dara.Horcasitas@LA.GOV

(225) 342.9289 (telephone)

(225) 389-2605 (fax)

Magellan/Provider Synergies Contact:

Nina Bandali

NBandali@magellanhealth.com

(513) 794-5275 or (678) 587-5080 (telephone)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 Medical Vendor Payment – Payment to Private Providers

ACTIVITY: Pharmacy Benefits Management Services

OBJECTIVE: Through the Pharmacy Benefits Management Services activity, to reduce the rate of growth of expenditures for drugs in the Medicaid Pharmacy Benefits Management Program.

INDICATOR NAME: Percentage (%) of Total Drug Rebates Collected

LaPAS PI Code: 22942

- 1. Type and Level:** Percentage (%) of Total Drug Rebates Collected is an Outcome indicator. The Level of reporting for this indicator is Key (K).
- 2. Rationale:** The Pharmacy Benefits Management Legacy Program utilizes supplemental rebates from drug manufacturers to reduce the rate of growth of expenditures for the program. Supplemental rebates are provided by drug manufacturers for drugs that are on the Preferred Drug List (PDL) in the state. This rebate is in addition to the federal rebate (CMS National Rebate). Supplemental rebates are provided to the state to offset Medicaid expenditures. The state received \$40,497,020 in supplemental rebates in SFY 2011 and \$42,244,141 in SFY 2012. The Percentage (%) of Total Drug Rebates Collected indicates the percentage of rebates collected based on invoices/billing.
- 3. Use:** The Pharmacy Benefits Management Legacy Program is responsible for the accounting/audit functions for the Federal and Supplemental Rebate programs. These rebates are provided to the state to offset Medicaid expenditures. The Pharmacy program invoices over 564 drug manufacturers quarterly for Federal and Supplemental rebates. In order to ensure efficiencies in operation, service and cost the percentage (%) of drug rebates collected is measured. The rate at which drug manufacturers will pay invoices depends on discrepancies in invoices, and changes in federal/supplemental rebate. This indicator helps to identify errors in billing, programming or other areas in order to recoup subsequent funds in a timely manner. This indicator will continue to be used for internal use, cost/savings projections, performance based budgeting, legislative and other reports.
- 4. Clarity:** Percentage (%) of Total Drug Rebates Collected is being measured. It is the percentage of rebates actually collected based on invoices/billing.
- 5. Accuracy, Maintenance, Support:** The Percentage (%) of Total Drug Rebates Collected has not been audited by the Office of the Legislative Auditor. The Rebate program was monitored/audited by the Office of the Legislative Auditor in FY 08 and FY 09 however, there were no reportable findings. The program is also monitored by the Office of the Inspector General and there have been no reported findings. In addition, the Department generates invoices to the manufacturers with contractual support from UNO and Provider Synergies. Using a state of the art information management system and staffed by UNO personnel, this process generates quarterly rebate invoices, reconciles payments and resolves disputes with manufacturers and identifies and recovers mis-billed claims from providers, and generates invoices to the manufacturers.
- 6. Data Source, Collection and Reporting:** The Medicaid Pharmacy Benefits Management Legacy program utilizes the service of the University of New Orleans (UNO), to provide accounting/audit support for the Drug Rebate Program functions which include reconciliation of over 52,144 drug records invoiced to over 564 drug manufacturers quarterly (\$256 million annually in federally mandated rebate program and \$45 million annually in the state supplemental rebate program). UNO

is responsible for reporting the Percentage of Total Drug Rebates Collected on a quarterly basis to the Pharmacy Program.

7. **Calculation Methodology:** Percentage (%) of Total Drug Rebates Collected calculation methodology is drug rebates collected divided by quarterly drug rebate amounts invoiced. This is a standard calculation to evaluate (%) of Total Drug Rebates Collected.
8. **Scope:** Percentage (%) of Total Drug Rebates Collected is reported in aggregate form. UNO can provide detailed information upon request, as long as the information is not confidential
9. **Caveats:** No, there are no noted limitations or weaknesses.
10. **Responsible Person:** Pharmacy staff is responsible for reporting performance information to Bayou Health and LDH. PBM utilizes the services of the University of New Orleans (UNO) to assist with accounting/audit support, data collection and reporting for the State Supplemental Rebate Program.

Bayou Health Contact:

LDH Pharmacy Contact(s): Germaine Becks-Moody
Germaine.Becks-Moody@LA.GOV
(225) 342-9479 (telephone)
(225) 342-1980 (fax)

UNO Contact: Dara Horcasitas
Dara.Horcasitas@LA.GOV
(225) 342.9289 (telephone)
(225) 389-2605 (fax)

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor Payments- Payments to Private Providers

ACTIVITY: Inpatient Hospitalization

OBJECTIVE: Through the Medicaid Inpatient Hospitalization activity, to provide evidence-based care for Medicaid recipients when acute care hospitalization is most appropriate, and to lower the growth of inpatient hospital costs while moving toward a higher and consistent level of quality medical care through value-based purchasing and payment reform.

INDICATOR NAME: Average (mean) length of stay in days (non-psych) for Title XIX Medicaid recipients

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 24083

1. **Type and Level:** Output. Key.
2. **Rationale:** The average length of stay is a widely used statistical calculation to measure the duration of a single episode of hospitalization. This indicator was selected to identify trends and changes in average length of stay as the Department implements improvements in hospital utilization management practices.
3. **Use:** As Louisiana Medicaid continues to move forward in striving for efficiencies, the information discovered will assist in target management of the overall length of stay as we encourage the application of appropriate guidelines for medical management of patients.
4. **Clarity:** This indicator will be measuring the average length of inpatient acute hospital stays for Medicaid recipients at private hospitals within Louisiana.
5. **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the legislator Auditor. However, Louisiana Medicaid has worked with the fiscal intermediary in developing technical specifications and has quality assurance processes in place.
6. **Data Source, Collection and Reporting:** The figures are taken from the MR-O-46B report which is produced by the fiscal intermediary on a monthly basis after the last check-write of the month based on paid Medicaid claims.
7. **Calculation Methodology:** This indicator is calculated by dividing the total number of days paid fiscal year to date divided by the total number of associated discharges.
8. **Scope:** This is an aggregated indicator representing all in state private acute hospitals.
9. **Caveats:** This particular indicator represents the private hospitals and not the state hospitals. The data is based on paid claims by date of payment with no identifiers on the date of service. The data is only comprised of Title XIX claims which would include claims with TPL (third party liability) but does not include claims with dual eligibility (Title XIX and Title XVIII).
10. **Responsible Person:** Molina is responsible for data collection and reporting.LDH Program Contact: Erin Lee, Program Manager. Phone: 225 342-3063, fax: 225 225-342-9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Payments to Private Providers

ACTIVITY: Inpatient Hospitalization

OBJECTIVE: Through the Medicaid Inpatient Hospitalization activity, to provide evidence-based care for Medicaid recipients when acute care hospitalization is most appropriate, and to lower the growth of inpatient hospital costs while moving toward a higher and consistent level of quality medical care through value-based purchasing and payment reform.

INDICATOR NAME: Average length of stay in days for formerly state-owned hospital facilities (Name Change) – original indicator was “Average length of stay at formerly state-owned hospital facilities (in days).

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25578**

- 1. Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) **Output/Key**
- 2. Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The average length of stay is a widely used statistical calculation to measure the duration of a single episode of hospitalization. This indicator was selected to identify trends and changes in average length of stay as the Department moves from state-owned to private hospitals.
- 3. Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
As Louisiana Medicaid continues to move forward in striving for efficiencies, the information discovered will assist in target management of the overall length of stay as we encourage the application of appropriate guidelines for medical management of patients.
- 4. Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator will be measuring the average length of inpatient acute hospital stays for Medicaid recipients at private hospitals that were formerly state-owned hospitals within Louisiana.
- 5. Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator has not been audited by the Office of the legislator Auditor. However, Louisiana Medicaid has worked with the fiscal intermediary in developing technical specifications and has quality assurance processes in place.
- 6. Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The figures are taken from the MR-O-46B report which is produced by the fiscal intermediary on a monthly basis after the last check-write of the month based on paid Medicaid claims.

- 7. Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
This indicator is calculated by dividing the total number of days paid fiscal year to date divided by the total number of associated discharges.
- 8. Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This is an aggregated indicator representing all in state private acute hospitals that were formerly state-owned hospitals.
- 9. Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This particular indicator represents the private hospitals that were formerly state hospitals. The data is based on paid claims by date of payment with no identifiers on the date of service. The data is only comprised of Title XIX claims which would include claims with TPL (third party liability) but does not include claims with dual eligibility (Title XIX and Title XVIII).
- 10. Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address). Erin Lee, Program Manager. Phone: 225 342-3063, fax: 225 225--342-9462, email: Erin.Lee@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022.

INDICATOR NAME: Baseline number of room and board services for hospice patients (INPUT)

LaPAS PI Code: 24090

1. **Type and Level:** This an input indicator and will be used as a supporting indicator
2. **Rationale:** This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Hospice

ACTIVITY: Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022

INDICATOR NAME: Baseline number of hospice services.

LaPAS PI Code: 24091

1. **Type and Level:** This is a baseline input indicator which will serve as supporting information for some of the other performance indicators.
2. **Rationale:** This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress towards reductions in hospice enrollments.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022.

INDICATOR NAME: Baseline hospice length of stay (INPUT)

LaPAS PI Code: New

1. **Type and Level:** This a baseline input indicator and will be used as a supporting indicator
2. **Rationale:** This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Hospice

ACTIVITY: Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022.

INDICATOR NAME: Baseline hospice general inpatient days (INPUT)

LaPAS PI Code: New

1. **Type and Level:** This an input indicator and will be used as a supporting indicator
2. **Rationale:** This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice General Inpatient Days.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: 5 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022.

INDICATOR NAME: Percentage change in the number of room and board services for hospice patients (OUTPUT, OUTCOME, and EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level:** This indicator is an output, outcome and efficiency. This is a key indicator.
2. **Rationale:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.
6. **Data Source, Collection and Reporting:** This data will be a data pull from MMIS based on paid claims. This will be reported annual based on the State Fiscal Year.
7. **Calculation Methodology:** This will be calculated by dividing the number of hospice room and board services in a state fiscal year by the baseline number of hospice room and board services provided and then multiplying by ten. This will be reported annually based on state fiscal year.
8. **Scope:** This will be statewide figure that will not be broken down by parish or region.
9. **Caveats:** There are no limitations are weaknesses.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Hospice

ACTIVITY: 5 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 20.

INDICATOR NAME: Percentage change in hospice length of stay (OUTPUT, OUTCOME, EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level:** This indicator is an output, outcome and efficiency. This is a key indicator.
2. **Rationale:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.
6. **Data Source, Collection and Reporting:** This data will be a data pull from MMIS based on paid claims. This will be reported annual based on the State Fiscal Year.
7. **Calculation Methodology:** This will be calculated by dividing the number of hospice days by the number of hospice clients in a state fiscal year by the baseline number for hospice length of stay provided and then multiplying by ten. This will be reported annually based on state fiscal year.
8. **Scope:** This will be statewide figure that will not be broken down by parish or region.
9. **Caveats:** There are no limitations are weaknesses.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022.

INDICATOR NAME: Percentage change in hospice general inpatient days (OUTPUT, OUTCOME, EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level:** This indicator is an output, outcome and efficiency. This is a key indicator.
2. **Rationale:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice General Inpatient Days.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.
6. **Data Source, Collection and Reporting:** This data will be a data pull from MMIS based on paid claims. This will be reported annual based on the State Fiscal Year.
7. **Calculation Methodology:** This will be calculated by dividing the number of hospice general inpatient days per fiscal year by the baseline number of hospice general inpatient days and then multiplying by ten. This will be reported annually based on state fiscal year.
8. **Scope:** This will be statewide figure that will not be broken down by parish or region.
9. **Caveats:** There are no limitations are weaknesses.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 09-306-1000/Medical Vendor – Payments to Private Providers

ACTIVITY: Increasing Dental Care

OBJECTIVE 1: Through the Dental activity, to increase the percentage of children enrolled in Medicaid or CHIP who receive a preventive dental service.

INDICATOR NAME: Percentage of Medicaid enrollees, aged 2-21 years of age who had at least one dental visit in a year.

LaPAS PI Code: 22947

1. **Type and Level:** Outcome. Key.
2. **Rationale:** This indicator was chosen to provide data regarding children aged 2-21 years of age who had at least one dental visit in a year. The measure provides data on the children covered under the Medicaid Early Periodic Screening and Diagnostic (EPSDT) Program. HEDIS measures are developed by the National Committee for Quality Assurance (NCQA) with input from health care purchasers, consumers, plans, providers and policy makers. There are also expert panels that provide clinical and technical expertise. After development, they are field tested. They are currently nationally accepted as valid measures of health care quality.
3. **Use:** This measure will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. The HEDIS measures are nationally recognized and can be externally validated using published reporting requirements.
6. **Data Source, Collection and Reporting:** Data obtained for HEDIS Measures are based on paid and adjusted Medicaid claims and encounters validated and housed in the data warehouse. These measures are reported quarterly with the measurement period for each measure specified by NCQA. There is a six month lag time for reporting.
7. **Calculation Methodology:** Utilizing paid and adjusted claims and encounter data, the numerator and denominator are determined based on specifications for the NCQA HEDIS measure. A percentage for the measure is determined based on the numerator and denominator. The denominator is the number of members meeting the age/eligibility criteria. The numerator shows the number of members in the population that had one or more dental visits with a dental practitioner during the measurement year.
8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.
9. **Caveats:** Measures were based on paid and adjusted claims and encounters. Visits are not limited to diagnostic dental services. Visits of the following types were included: Diagnostic, preventative, restorative, endodontic, periodontal, removable and fixed prosthodontics, maxillofacial prosthetics, oral and maxillofacial surgery, orthodontic, and adjunctive general services. Visits to all dental providers were included, regardless of specialty. Members used in the calculation of this data are required to meet continuous enrollment criteria.

10. Responsible Person: The data collection and reports are completed by University of Louisiana at Monroe (ULM) and evaluated by program staff.
LDH program contact: Cordelia Clay, Medicaid Program Manager 1-A, 225-342-5916 Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306/Medical Vendor – Payments to Private Providers

ACTIVITY: Increasing Dental Care

OBJECTIVE 1: Through the Dental activity, to increase the percentage of children enrolled in Medicaid or CHIP who receive a preventive dental service.

INDICATOR NAME: Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days, aged 1-20, who receive preventative dental services.

LaPAS PI Code: 25579

1. **Type and Level:** Outcome. Key.
2. **Rationale:** This indicator was chosen to track trends and changes in the participants of the Dental Program, enrolled at least 90 consecutive days, who receive preventative dental services. The Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative set a nationwide goal to increase the proportion of children receiving a preventive dental service. Annually, in March, states report on EPSDT services to CMS using Form CMS-416. The EPSDT CMS-416 is a key source of data on children's use of oral health services in Medicaid/CHIP.
3. **Use:** This measure will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. The EPSDT CMS-416 measures are nationally recognized and annual reports are generated by the fiscal intermediary which accurately depicts the number of services paid in this program. This report is the primary tool used by CMS for overseeing the provision of dental services to children in state Medicaid programs.
6. **Data Source, Collection and Reporting:** Data obtained for EPSDT CMS-416 report is based on unduplicated paid, unpaid, and denied Medicaid claims and encounters validated and housed in the data warehouse. These measures are reported annually with the measurement period for each measure specified by CMS.
7. **Calculation Methodology:** Utilizing paid and adjusted claims and encounter data, the numerator and denominator are determined based on specifications for the EPSDT CMS-416. A percentage for the measure is determined based on the numerator and denominator. Members used in the calculation of this data are required to meet continuous enrollment criteria of 90 days. The denominator is the number of members meeting the age/eligibility criteria. The numerator shows the number of members in the population that had one or more preventative visits with a dental practitioner during the measurement year.
8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.
9. **Caveats:** Measures were based on paid, unpaid and denied claims and encounters. Visits are limited to preventative dental services. Members used in the calculation of this data are required to meet continuous enrollment criteria.
10. **Responsible Person:** The data collection and reports are completed and evaluated by University of Louisiana at Monroe (ULM) and evaluated by program staff: LDH program contact: Cordelia Clay, Medicaid Program Manager, 225-342-4182 Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306/Medical Vendor – Payments to Private Providers

ACTIVITY: Increasing Dental Care

OBJECTIVE 2: To increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth.

INDICATOR NAME: Percentage of Medicaid enrollees, enrolled for at least 90 days aged 6-9, who receive a dental sealant on a permanent molar tooth.

LaPAS PI Code: 25576

1. **Type and Level:** Outcome. Key.
2. **Rationale:** This indicator was chosen to track trends and changes in the participants of the Dental Program, enrolled at least 90 consecutive days aged 6-9, who received a dental sealant on a permanent molar tooth. The Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative set a nationwide goal to increase the proportion of children receiving a dental sealant on a permanent molar tooth. Annually, in March, states report on EPSDT services to CMS using Form CMS-416. The EPSDT CMS-416 is a key source of data on children's use of oral health services in Medicaid/CHIP.
3. **Use:** This measure will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. EPSDT CMS-416 data is nationally recognized and reports are generated by the fiscal intermediary which accurately depicts the number of services paid in this program. This report is the primary tool used by CMS for overseeing the provision of dental services to children in state Medicaid programs.
6. **Data Source, Collection and Reporting:** Data obtained for EPSDT CMS-416 report is based on paid, unpaid and denied Medicaid claims and encounters validated and housed in the data warehouse. These measures are reported annually with the measurement period for each measure specified by CMS.
7. **Calculation Methodology:** Utilizing paid, unpaid and denied claim and encounter data, the numerator and denominator are determined based on specifications for the EPSDT CMS-416. A percentage for the measure is determined based on the numerator and denominator. The denominator is the number of members meeting the age/eligibility criteria. The numerator shows the number of members in the population ages 6-9 that received a dental sealant on a permanent molar tooth with a dental practitioner during the measurement year.
8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.
9. **Caveats:** Measures were based on paid, unpaid and denied claims and encounters. Visits are limited to dental sealants placed on a molar for enrollees ages 6-9. Members used in the calculation of this data are required to meet continuous enrollment criteria.
10. **Responsible Person:** The data collection and reports are completed and evaluated by University of Louisiana at Monroe (ULM) and evaluated by program staff. LDH program contact: Cordelia Clay, Medicaid Program Manager, 225-342-4182 Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306/Medical Vendor – Payments to Private Providers

ACTIVITY: Increasing Dental Care

OBJECTIVE 2: To increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth.

INDICATOR NAME: Percentage of Medicaid enrolled children ages 6 to 9 at elevated risk of dental caries (i.e., “moderate” or “high”) who received a sealant on a permanent first molar tooth.

LaPAS PI Code: 25577

1. **Type and Level:** Outcome. Key.
2. **Rationale:** This indicator is a part of the 2016 CHIP Child Core Set measures. It was chosen because it is used across measurement agencies using similar data sources which will allow the department to develop benchmarks and compare results towards identifying improvement opportunities.
3. **Use:** This measure will be used for monitoring trends and disparities in sealant placement which will aid in informing management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** The indicator is a nationally accepted valid measure of oral health care quality. The indicator and related data specifications were developed by the Dental Quality Alliance (DQA) which is a nationally recognized organization established by the American Dental Association to develop performance measures for oral health care.
6. **Data Source, Collection and Reporting:** Data obtained for the DQA Sealant Measure is based on paid and unpaid Medicaid claims and encounters validated and housed in the data warehouse. This measure is reported annually as a part of the CHIP Child Core set which includes a range of children’s quality measures encompassing both physical, mental health and oral health.
7. **Calculation Methodology:** Utilizing paid and unpaid claims and encounter data, the numerator and denominator are determined based on specifications of the DQA Sealants for 6–9 year-old Children at Elevated Risk measure. A percentage for the measure is determined based on the numerator and denominator. The denominator is the number of members meeting the age, eligibility, and treatment criteria. The numerator shows the number of members in the population ages 6-9 that received a dental sealant on a permanent first molar tooth with a dental practitioner during the measurement year.
8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.
9. **Caveats:** Measures are based on paid and unpaid claims and encounters. Visits are limited to dental sealants placed on a first molar for enrollees ages 6-9. Members used in the calculation of this data are required to meet continuous enrollment criteria of 180 days. This measure will not delineate those whose teeth have not erupted, those who have already received sealants in prior years, and those with decayed/filled teeth not candidates for sealants. However, this measure is designed to identify the prevalence of sealant placement on a permanent first molar tooth during the reporting year for children ages 6 to 9 years at elevated risk for caries.

10. Responsible Person: The data collection and reports are completed by the fiscal intermediary and evaluated by program staff. LDH program contact: Cordelia Clay, Medicaid Program Manager, 225-342-4182
Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: Payments to Public Providers

OBJECTIVE: Through the Payment to Public Providers activity, track utilization of services provided by local school systems including nursing services, which allow for important medical screenings to be provided by these school systems with Medicaid reimbursement

INDICATOR NAME: Number of Local Education Agencies participating in School Nursing Services

LaPAS PI Code: 24092

1. **Type:** Output **Level:** Key Performance Indicator
2. **Rationale:** This indicator will be a strong indicator as to depth of participation by the LEAs in this program.
3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services. This indicator will be used as an internal management tool to gauge participation by LEAs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** Source is an internal LDH file which is updated whenever there is a change in the number.
7. **Calculation Methodology:** The indicator is calculated by totaling the number of Local Education Agencies listed in the file. Rate Setting and Audit staff can get.
8. **Scope:** Aggregated.
9. **Caveats:** None
10. **Responsible Person:** Denis S. Beard, Medicaid Program Manager 2, (225) 342-6116, denis.beard@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: Payments to Public Providers

OBJECTIVE: Through the Payment to Public Providers activity, track utilization of services provided by local school systems including nursing services, which allow for important medical screenings to be provided by these school systems with Medicaid reimbursement

INDICATOR NAME: Number of unduplicated recipients Receiving School Nursing Services from a Local Education Agencies

LaPAS PI Code: 25580

1. **Type:** Output
Level: Key
2. **Rationale:** This indicator will be a strong indicator as to depth and amount of scope the services being provided by the LEAs in this program.
3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services. This indicator will be used as an internal management tool to gauge participation by LEAs as well as the utilization patterns of students in the schools.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** The data will be taken by the Louisiana Medicaid Data Warehouse from billing data.
7. **Calculation Methodology:** This is a simple calculation of a distinct count of the number of unique recipients utilizing nursing services from LEAs based on procedure code.
8. **Scope:** Aggregated.
9. **Caveats:** None
10. **Responsible Person:** Denis S. Beard, Medicaid Program Manager 2, (225) 342-6116, denis.beard@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: Payments to Public Providers

OBJECTIVE: Through the Payment to Public Providers activity, track utilization of services provided by local school systems including nursing services, which allow for important medical screenings to be provided by these school systems with Medicaid reimbursement

INDICATOR NAME: Number of school nurses in participating Local Education Agencies

LaPAS PI Code: 25582

1. **Type :** Output
Level: General
2. **Rationale:** This indicator will be a strong indicator as to depth and amount of scope the services being provided by the LEAs in this program.
3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services. This indicator will be used as an internal management tool to gauge participation by LEAs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** **Source:** file from each Local Education Agency each quarter.
7. **Calculation Methodology:** Total the number of nurses listed on each file. Rate Setting and Audit staff requests the figure from P&N.
8. **Scope:** Aggregated.
9. **Caveats:** None
10. **Responsible Person:** Denis S. Beard, Medicaid Program Manager 2, (225) 342-6116, denis.beard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: – Family Planning Services

OBJECTIVE 1: Through the Family Planning Services Activity, to increase the percentage of patients seen by public providers who have Medicaid coverage by 5 % by June 30, 2022.

INDICATOR NAME: Number of Medicaid recipients receiving family planning services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25583**

1. **Type and Level:** *Key (Outcome)*
2. **Rationale:** *The department intends to decrease unintended pregnancies by working collaboratively with Medicaid enrolled public providers to increase family planning visits. This indicator serves to measure number of Medicaid eligibles that are receiving family planning services.*
3. **Use:** *This indicator will be used for purposes related to performance-based budgeting.*
4. **Clarity:** *The indicator clearly identifies what is being measured.*
5. **Accuracy, Maintenance, Support:** *This data is retrieved from claims data which allows for accuracy and verifiability.*
6. **Data Source, Collection and Reporting:** *Data will be retrieved from the MDW data warehouse.*
7. **Calculation Methodology:** *This is a straightforward number of Medicaid eligibles receiving family planning services by public providers.*
8. **Scope:** *This is a statewide figure.*
9. **Caveats:** *The measure is based on paid and adjusted claims data.*
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Jairus Methvin, Program Manager, jairus.methvint@la.gov, 225-342-1838 (o)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 1: Through the Family Planning Services Activity, to increase the percentage of patients seen by public providers who have Medicaid coverage by 5 % by June 30, 2022.

INDICATOR NAME: Number of family planning outreach activities conducted

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **25584**

1. **Type and Level:** What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
Key (Input)
2. **Rationale:** What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap. It is important that recipients who quality for the services are aware of the available services. This indicator serves to measure activities related to outreach and making communities aware of the services.
3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used for internal purposes.
4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.
5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
The number of activities will be obtained from the Office of Public Health and verified by program staff.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
Outreach activity information will be provided by OPH
7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
This is a straightforward number of activities.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Jairus Methvin, Program Manager, jairus.methvin@la.gov, 225.342.1838 (o)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 1: Through the Family Planning Services Activity, to increase the percentage of patients seen by public providers who have Medicaid coverage by 5 % by June 30, 2022.

INDICATOR NAME: Percentage change in the number of Medicaid recipients receiving family planning services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25585**

1. Type and Level:

Key (Outcome)

2. Rationale:

The department intends to decrease unintended pregnancies by working collaboratively with Medicaid enrolled public providers to increase family planning visits. This indicator serves to measure the change in the number of Medicaid eligibles that are receiving family planning services.

3. Use:

This indicator will be used for purposes related to performance-based budgeting.

4. Clarity:

The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support:

This data is retrieved from claims data which allows for accuracy and verifiability.

6. Data Source, Collection and Reporting:

Data will be retrieved from the MDW data warehouse.

7. Calculation Methodology:

This is a straightforward number of recipients recorded for each State Fiscal Year (SFY). The method of calculation will be percent change. A percentage change is calculated by utilizing the number of Medicaid eligibles receiving family planning services from the current year subtracting from the previous years, then dividing that total by the previous year's number, and finally multiplying the final value by 100%

8. Scope:

This is a statewide figure.

9. Caveats:

The measure is based on paid and adjusted claims data.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Jairus Methvin, Program Manager, jairus.methvin@la.gov, 225.342.1838 (o)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid enrollees screened for gonorrhea

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25593**

1. **Type and Level:** Input. Key
2. **Rationale:** Gonorrhea is second only to chlamydia in the number of sexually transmitted disease (STD) cases reported to the U.S. Centers for Disease Control and Prevention (CDC) annually. Gonorrhea elimination is a priority and the persons at risk for, or diagnosed with, gonorrhea play a critical role in controlling the spread of disease. This indicator was chosen to provide data to allow consistent measurability of Medicaid eligibles that have been screened for gonorrhea.
3. **Use:** This indicator will be used assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles that received screenings for gonorrhea
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid enrollees screened for chlamydia

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25592**

1. **Type and Level:** Input. Key
2. **Rationale:** This indicator was chosen to provide data to allow consistent measurability of Medicaid eligibles that have been screened for chlamydia. Chlamydia infection is the most common sexually transmitted disease. Chlamydia elimination is a priority and the persons at risk for, or diagnosed with, chlamydia play a critical role in controlling the spread of disease.
3. **Use:** This indicator will be used assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles screened for chlamydia.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid enrollees screened for Human immunodeficiency virus (HIV)

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25591**

1. **Type and Level:** Input. Key
2. **Rationale:** This indicator was chosen to provide data to allow consistent measurability of Medicaid eligibles that have been screened for HIV. The HIV epidemic in the United States continues to be a major public health crisis. HIV elimination is a priority and the persons at risk for, or diagnosed with, HIV play a critical role in controlling the spread of disease.
3. **Use:** This indicator will be used assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles screened for HIV.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid enrollees screened for syphilis

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25590**

1. **Type and Level:** Input. Key
2. **Rationale:** This indicator was chosen to provide data to allow consistent measurability of Medicaid enrollees that have been screened for syphilis. Syphilis elimination is a priority and the persons at risk for, or diagnosed with, syphilis play a critical role in controlling the spread of disease.
3. **Use:** This indicator will be used assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid enrollees screened for syphilis.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Annual Chlamydia screening rate for Medicaid enrolled women < 25 years of age

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25594**

1. **Type and Level:** Input. Key
2. **Rationale:** This indicator was chosen to provide data to allow consistent measurability of Medicaid eligibles that have been screened for chlamydia. Chlamydia is an important preventable cause of infertility. Chlamydia infection is the most common sexually transmitted disease. The Center for Disease Control recommends annual chlamydia screening for all sexually active females 25 and under.
3. **Use:** This indicator will be used assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of female Medicaid eligibles under the age of 25 that were screened for Chlamydia.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid enrollees treated for gonorrhea

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25855**

1. **Type and Level:** Outcome. Supporting
2. **Rationale:** The Department’s reproductive health services are aimed at reproductive planning and engaging in prevention of any disease, behavioral, or social condition that is a risk and serves as a tool for improving birth outcomes and optimizing reproductive health. Gonorrhea elimination is a priority and the persons at risk for, or diagnosed with, gonorrhea play a critical role in controlling the spread of disease. The ability to treat infected persons is critical to gonorrhea case management efforts, especially in outbreak situations. This indicator was chosen to track and trend data to allow consistent measurability of Medicaid enrolled persons that have been treated for gonorrhea.
3. **Use:** This indicator will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles treated for gonorrhea.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid eligibles treated for chlamydia

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25856**

1. **Type and Level:** Outcome. Supporting
2. **Rationale:** This indicator was chosen to track and trend data to allow consistent measurability of Medicaid eligibles that have been diagnosed with chlamydia. Chlamydia elimination is a priority and the persons at risk for, or diagnosed with, chlamydia play a critical role in controlling the spread of disease. The ability to treat infected persons is critical to chlamydia case management efforts, especially in outbreak situations.
3. **Use:** This indicator will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles treated for chlamydia.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid eligibles treated for Human immunodeficiency virus (HIV)

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25858**

1. **Type and Level:** Outcome. Supporting
2. **Rationale:** This indicator was chosen to provide data to allow consistent measurability of Medicaid enrollees that have been screened for HIV. The HIV epidemic in the United States continues to be a major public health crisis. HIV elimination is a priority and the persons at risk for, or diagnosed with, HIV play a critical role in controlling the spread of disease.
3. **Use:** This indicator will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles treated for HIV.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payment to Public Providers

ACTIVITY: Family Planning Services

OBJECTIVE 2: Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

INDICATOR NAME: Number of Medicaid eligibles treated for syphilis

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.) **25857**

1. **Type and Level:** Outcome. Supporting
2. **Rationale:** This indicator was chosen to provide data to allow consistent measurability of Medicaid eligibles that have been screened for syphilis. Syphilis elimination is a priority and the persons at risk for, or diagnosed with, syphilis play a critical role in controlling the spread of disease.
3. **Use:** This indicator will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Office of Legislative Auditor. This is a new performance indicator and data is retrieved from claims data which allows for accuracy and verifiability.
6. **Data Source, Collection and Reporting:** Data obtained will be based on paid and adjusted Medicaid claims data retrieved from the Mars Data Warehouse (MDW). This measure will be reported annually with the measurement period being by state fiscal year.
7. **Calculation Methodology:** This is a straightforward number of Medicaid eligibles treated for syphilis.
8. **Scope:** This is a statewide wide figure; therefore reporting is at an aggregate level.
9. **Caveats:** The measure is based on paid and adjusted claims data.
10. **Responsible Person:**

Jairus Methvin, Program Manager, Jairus.methvin@la.gov , 225-342-1838

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Buy-Ins & Supplements

ACTIVITY: Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through state fiscal year 2022, the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity will avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Number of Recipients (Part A)

LaPAS PI Code: LaPAS PI Code 2261

1. **Type and Level:** Type: Input/Output Level: Supporting
2. **Rationale:** It is the number of Medicare Part A recipients eligible for Buy-In and supports the expenditures for Medicare premium payments through the Buy-In Program. The number of recipients is important to estimate future expenditures.
3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. Part A is Medicare hospital insurance. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. Payment of Part A premiums is required for all individuals or their spouse who did not work the required number of quarters under the Social Security Program to qualify for no cost premiums for Part A.
5. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.
6. **Data Source, Collection and Reporting:** The data source is the CMS monthly buy-in report, "S19". CMS sends this with the monthly billing statement for premiums. Data is also stored and collected from LDH's View Direct system. The number of cases is found on the View Direct report, "BIM4000R4". Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** CMS reports the number of recipients as collected by the number of individuals who are recipients of Medicare Part A Buy-In. On the S19 report, it is identified as "Code 11" and "Code 41".
8. **Scope:** Aggregate. It is the statewide total for recipients of Medicare Part A Buy-In for all Medicare Savings Programs.
9. **Caveats:** Counts will never totally match counts produced independently as CMS controls processing of the data. There may be problems or inconsistencies in an individual's data. There is a difference in Medicaid deadlines of when an individual's Buy-In starts and ends.
10. **Responsible Person:** Nekisha Moses, Medicaid Management & Information Systems Section (MMIS)-Medicaid Eligibility Buy-In

Contact Info:

Nekisha Moses, Program Manager 1A

Ph: 225-342-3012

Fax: 225-376-4756

Nekisha.Moses@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medicaid Vendor Payments - Buy-Ins & Supplements

ACTIVITY: Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through state fiscal year 2022, the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity will avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Number of Recipients (Part B)

LaPAS PI Code: LaPAS PI Code 2262

1. **Type and Level:** Type: Input/Output Level: Supporting
2. **Rationale:** It is the number of Medicare Part B recipients eligible for Buy-In and supports the expenditures for Medicare premium payments through the Buy-In Program. The number of recipients is important to estimate future expenditures.
3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. Medicare Part B pays for doctors, outpatient hospital care, and some other medical services not covered by Part A. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. A premium for Part B is billed to all individuals who participate in the Medicare program.
5. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.
6. **Data Source, Collection and Reporting:** The data source is the CMS monthly buy-in report, "190". CMS sends this with the monthly billing statement for premiums. Data is also stored and collected from LDH's View Direct system. The number of cases is found on the View Direct report, "BIM2000R11". Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** CMS reports the number of recipients as collected by the number of individuals who are recipients of Medicare Part B Buy-In. On the 190 report, it is identified as "Code 11", "Code 41", "Code 43", and "Code 45".
8. **Scope:** Aggregate. It is the statewide total for recipients of Medicare Part B Buy-In for all Medicare Savings Programs.
9. **Caveats:** Counts will never totally match counts produced independently as CMS controls processing of the data. There may be problems or inconsistencies in an individual's data. There is a difference in Medicaid deadlines of when an individual's Buy-In starts and ends. The Social Security Administration is responsible for Supplemental Security Income (SSI) eligibility, so any problems they have would affect new or terminated Part B Buy-In SSI eligibles.

10. Responsible Person: Nekisha Moses, Medicaid Management & Information Systems Section (MMIS) - Medicaid Eligibility Buy-In

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Fax: 225-376-4756
Nekisha.Moses@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Payments – Buy-Ins & Supplements

ACTIVITY: Medicare Savings Program for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Each year through June 30, 2022, the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Savings (costs of less premium costs) for Medicare benefits

LaPAS PI Code: 2266

- 1. Type and Level:** Output/Key
- 2. Rationale:** This indicator gives the amount of the Medicare savings minus the amount of Medicare Part A and Part B premiums paid out through the Buy-In Program.
- 3. Use:** Accumulation of this data produces a record of the current Medicare savings after considering the cost of the premiums and provides a basis for future estimates.
- 4. Clarity:** Total savings (cost of care less premium costs for Medicare benefits)
- 5. Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** Savings figures found on the MR-O-68 quarterly reports and the Medicare Premium costs are taken from the monthly buy-in bills produced by Eligibility staff.
- 7. Calculation Methodology:** The savings from claims crossing from Medicare for Payment of coinsurances. The cost of the premiums paid through the Buy-In Program are deducted from the cost avoidance for Part A and B.
- 8. Scope:** Statewide.
- 9. Caveats:** The MR-O-68 is dependent on claims processed through the MOLINA/ Medicaid system. Any breakdown or variation in the system could directly affect the claim count and the total savings. Also, mailing loss or problems processing a claims tape from Medicare could also affect the count.
- 10. Responsible Person:** Bill Perkins, Program Manager, MVA/Recovery and Premium Assistance, Telephone 225.342.8935 / FAX 225.376.4682 E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: Each year through June 30, 2022, the Louisiana Health Insurance Premium Payment activity will assist eligible Medicaid enrollees and their families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payer of medical expenses for Medicaid enrollees, resulting in reduced cost exposure to the state.

INDICATOR NAME: Number of cases added in LaHIPP

LaPAS PI Code: 22327

1. **Type and Level:** Output/Key
2. **Rationale:** This indicator gives the number of LaHIPP cases added each year.
3. **Use:** Accumulation of this data illustrates how well staff is doing with regard to adding cases into the program.
4. **Clarity:** LaHIPP - Louisiana Health Insurance Premium Payment program
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The data is derived from our LaHIPP system, the caseload activity report on a monthly basis and can be bundled by SFY or FFY depending on the need of the report.
7. **Calculation Methodology:** The caseload activity report within the LaHIPP system provides a monthly snap shot of the number of cases added. This number is then used to report the quarterly findings. This is a standard method of calculating, no other agency is impacted by the program.
8. **Scope:** Statewide.
9. **Caveats:** None needed.
10. **Responsible Person:** TBD, Program Manager or (Darlene White, Section Chief)
MMIS
Telephone 225.342.9076 / FAX
225.242.0407
E-mail: Darlene.white@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306- Buy-Ins and Supplements

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: Each year through June 30, 2022, the Louisiana Health Insurance Premium Payment activity will assist eligible Medicaid enrollees and their families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payer of medical expenses for Medicaid enrollees, resulting in reduced cost exposure to the state.

INDICATOR NAME: LaHIPP total savings (cost of care less LaHIPP premium costs) in millions

LaPAS PI Code: 24099

- 1. Type and Level:** Output/Key
- 2. Rationale:** This indicator gives the amount of Medicaid savings minus the amount of LaHIPP premiums reimbursement and wrap around costs.
- 3. Use:** Accumulation of this data produces a record of the current Medicaid savings after considering the cost of premiums paid out through the LaHIPP program.
- 4. Clarity:** Total savings (cost of care less the premium and wrap around costs)
- 5. Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** Savings figures are derived from the LaHIPP Cost Avoidance quarterly reports, which are created from the fiscal intermediary and the LaHIPP system.
- 7. Calculation Methodology:** The savings are generated by taking the LaHIPP Cost Avoidance less the prior quarter premium payments from the LaHIPP system.
- 8. Scope:** Statewide.
- 9. Caveats:** The LaHIPP Cost Avoidance is dependent on claims processed through the MOLINA/ Medicaid system. Any breakdown or variation in the system could directly affect the claim count and the total savings.
- 10. Responsible Person:** TBD, Program Manager or Darlene White, Section Chief - MMIS
Telephone 225.342.9076 / FAX 225.242.0407
E-mail: Darlene.white@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: Each year through June 30, 2022, the Louisiana Health Insurance Premium Payment activity will assist eligible Medicaid enrollees and their families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payer of medical expenses for Medicaid enrollees, resulting in reduced cost exposure to the state.

INDICATOR NAME: Number of Medicaid recipients with ESI paid by LaHIPP

LaPAS PI Code: New

- 1. Type and Level:** Output/Key
- 2. Rationale:** This indicator gives the number of Medicaid recipients with ESI paid by LaHIPP.
- 3. Use:** Accumulation of this data illustrates how many Medicaid recipients are enrolled in the program.
- 4. Clarity:** LaHIPP - Louisiana Health Insurance Premium Payment program
- 5. Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** The Department uses the statistical report provided by the contractor.
- 7. Calculation Methodology:** No calculation is made as this is taken directly from the contractor's report.
- 8. Scope:** Statewide.
- 9. Caveats:** The Department is depending on the contractor to provide this information on a monthly basis through its efforts of administering the LaHIPP program.
- 10. Responsible Person:** TBD, Program Manager or Darlene White, Section Chief

MMIS

Telephone 225.342.9076 / FAX 225.242-0407

E-mail: Darlene.white@la.gov

Page 189 of 196

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: Each year through June 30, 2022, the Louisiana Health Insurance Premium Payment activity will assist eligible Medicaid enrollees and their families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payer of medical expenses for Medicaid enrollees, resulting in reduced cost exposure to the state.

INDICATOR NAME: Number of non-Medicaid family members with ESI paid by LaHIPP

LaPAS PI Code: New

1. **Type and Level:** Output/Key
2. **Rationale:** This indicator gives the number of non-Medicaid family members with ESI paid by LaHIPP.
3. **Use:** Accumulation of this data illustrates how many non-Medicaid family members have ESI paid by LaHIPP.
4. **Clarity:** LaHIPP - Louisiana Health Insurance Premium Payment program
5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The Department uses the statistical report provided by the contractor.
7. **Calculation Methodology:** To determine the number of beneficiaries, we take the total number enrolled in LaHIPP minus the recipients.
8. **Scope:** Statewide.
9. **Caveats:** The Department is depending on the contractor to provide this information on a monthly basis, through their efforts of enrolling and maintaining the LaHIPP program.

10. Responsible Person: TBD, Program Manager or Darlene White, Section Chief
MMIS
Telephone 225.342.9076 / FAX 225.242-0407
E-mail: Darlene.white@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor Payments Uncompensated Care Costs

ACTIVITY: Uncompensated Care Costs

OBJECTIVE: Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on State General Funds.

INDICATOR NAME: Total DSH funds collected in millions.

LaPAS PI Code: 17040

11. Type and Level: Input. Supporting.

12. Rationale: The indicator measures payments made during the state fiscal year to all hospitals (both public and private) that qualify for Medicaid disproportionate share payments and incurred uncompensated care costs. DSH funds hospital services for uninsured with federal funds.

13. Use: This performance indicator is used to track the payments for uninsured patients and Medicaid patients for whom regular Medicaid payments did not cover the costs of services provided in hospitals qualifying for Medicaid disproportionate share throughout the state.

14. Clarity: The indicator name refers to Medicaid Disproportionate Share Hospital (DSH) payments.

15. Validity, Reliability and Accuracy: Medicaid's hospital audit contractor, LeBlanc, Robertson, Chisholm & Associates, LLC, and the Legislative Auditors have reviewed DSH payments.

16. Data Source, Collection and Reporting: The data collection sources are budget projections and actual payment records from BHSF – Rate Setting and Audit Section. The actual amounts paid and the number of hospitals paid is taken from the Weekly Check-write Report.

17. Calculation Methodology: For public state-owned, small rural, and large non-state public and rural hospitals - Total payments for all hospitals receiving disproportionate share payments during the state fiscal year for uncompensated care costs incurred. For private non-rural hospitals - a pool amount divided between qualifying hospitals based on their number of paid Medicaid days. For community hospitals – uninsured patient charges multiplied by hospital specific cost to charge ratios. For private hospitals with qualifying mental health emergency room extensions (MHEREs), actual uncompensated costs less payments for uninsured and Medicaid patients treated.

18. Scope: The indicator is a statewide aggregate amount which is broken down into separate indicators for public (state-owned) hospitals and, if desired, can also be segregated by small rural hospital DSH payments and private hospital DSH payments.

19. Caveats: DSH payments each year are limited to the statewide cap established in federal regulation, as well as funding appropriated by the Legislature. Each hospital's DSH payments are also limited in accordance with federal regulation to its uncompensated care costs for services provided during the year.

20. Responsible Person: Erin Lee, Program Manager. Phone: 225 342-3063, fax: 225 342--9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor Payments- Uncompensated Care Costs

ACTIVITY: Uncompensated Care Costs

OBJECTIVE: Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on State General Funds.

INDICATOR NAME: Total federal funds collected in millions.

LaPAS PI Code: 17041

1. **Type and Level:** Input. Key.
2. **Rationale:** The indicator measures payments made utilizing federal financial participation funds during the state fiscal year to all hospitals (both public and private) that qualify for Medicaid disproportionate share payments and incurred uncompensated care costs. DSH funds hospital services for uninsured with federal funds.
3. **Use:** This performance indicator is used to track the federal financial participation expended for payments for uninsured patients and Medicaid patients for whom regular Medicaid payments did not cover the costs of services provided in hospitals qualifying for Medicaid disproportionate share throughout the state.
4. **Clarity:** The indicator name refers to Medicaid Disproportionate Share Hospital (DSH) payments.
5. **Validity, Reliability and Accuracy:** Medicaid's hospital audit contractor, LeBlanc, Robertson, Chisholm & Associates, LLC, and the Legislative Auditors have reviewed DSH payments.
6. **Data Source, Collection and Reporting:** The data collection sources are budget projections and actual payment records from BHSF – Rate Setting and Audit Section. The actual amounts paid and the number of hospitals paid is taken from the Weekly Check-write Report.
7. **Calculation Methodology:** For public state-owned small rural, and large non-state public and rural hospitals - Total federal financial participation payments for all hospitals receiving disproportionate share payments during the state fiscal year for uncompensated care costs incurred. For private non-rural hospitals – the federal financial participation portion of the pool amount divided between qualifying hospitals based on their number of paid Medicaid days. For community hospitals – the federal financial participation portion of the amount of their uninsured costs paid. For private hospitals with qualifying mental health emergency room extensions (MHEREs), the federal participation portion of their actual uncompensated costs less payments for uninsured and Medicaid patients treated.
8. **Scope:** The indicator is the federal financial participation portion of the statewide aggregate amount which is broken down into separate indicators for public (state-owned) hospitals and, if desired, can also be segregated by small rural hospital DSH payments and private hospital DSH payments.
9. **Caveats:** DSH payments each year are limited to the statewide cap established in federal regulation, as well as funding appropriated by the Legislature. Each hospital's DSH payments are also limited in accordance with federal regulation to its uncompensated care costs for services provided during the year.

10. Responsible Person: Erin Lee, Program Manager. Phone: 225 342-3063, fax: 225 -342-9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor Payments- Uncompensated Care Costs

ACTIVITY: Uncompensated Care Costs

OBJECTIVE: Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on State General Funds.

INDICATOR NAME: Total state match in millions.

LaPAS PI Code: 17042

1. **Type and Level:** Input. Supporting.
2. **Rationale:** The indicator measures payments made utilizing state general matching funds during the state fiscal year to all hospitals (both public and private) that qualify for Medicaid disproportionate share payments and incurred uncompensated care costs.
3. **Use:** This performance indicator is used to track the state general matching funds expended for payments for uninsured patients and Medicaid patients for whom regular Medicaid payments did not cover the costs of services provided in hospitals qualifying for Medicaid disproportionate share throughout the state.
4. **Clarity:** The indicator name refers to Medicaid Disproportionate Share Hospital (DSH) payments.
5. **Validity, Reliability and Accuracy:** Medicaid's hospital audit contractor, LeBlanc, Robertson, Chisholm & Associates, LLC, and the Legislative Auditors have reviewed DSH payments.
6. **Data Source, Collection and Reporting:** The data collection sources are budget projections and actual payment records from BHSF – Rate Setting and Audit Section. The actual amounts paid and the number of hospitals paid is taken from the Weekly Check-write Report.
7. **Calculation Methodology:** For public state-owned small rural, and large non-state public and rural hospitals - Total state general matching fund payments for all hospitals receiving disproportionate share payments during the state fiscal year for uncompensated care costs incurred. For private non-rural hospitals – the state general matching fund portion of the pool amount divided between qualifying hospitals based on their number of paid Medicaid days. For community hospitals – the state general fund matching portion of the amount of their uninsured cost paid. For private hospitals with qualifying mental health emergency room extensions (MHREs), the state general matching fund portion of their actual uncompensated costs less payments for uninsured and Medicaid patients treated.
8. **Scope:** The indicator is the state general matching fund portion of the statewide aggregate amount which is broken down into separate indicators for public (state-owned) hospitals and, if desired, can also be segregated by small rural hospital DSH payments and private hospital DSH payments.
9. **Caveats:** DSH payments each year are limited to the statewide cap established in federal regulation, as well as funding appropriated by the Legislature. Each hospital's DSH payments are also limited in accordance with federal regulation to its uncompensated care costs for services provided during the year.
10. **Responsible Person:** Erin Lee, Program Manager. Phone: 225 342-3063, fax: 225 342-9462, email: Erin.Lee@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor- Uncompensated Care Costs

ACTIVITY: Uncompensated Care Costs

OBJECTIVE: Minimize reliance on Disproportionate Share (DSH) payments financed at the regular FMAP by maximizing opportunities for hospital reimbursement at the enhanced FMAP under expansion.

INDICATOR NAME: Percent change in annual DSH associated with uninsured costs for the recently completed fiscal year compared to the prior fiscal year.

LaPAS PI Code: New

1. **Type and Level:** General Performance Information
2. **Rationale:** The indicator was selected because Medicaid expansion begins July 1, 2016. DSH payments are partly made to cover uninsured and the objective would show a reduction in the uninsured population.
3. **Use:** It could be used for performance-based budgeting purposes because it could result in a decrease in the amount budgeted for DSH.
4. **Clarity:** Yes, the indicator name does clearly identify what is being measured.
5. **Validity, Reliability and Accuracy:** No, the data has not been audited by the Legislative Auditor. CMS (Centers for Medicare and Medicaid Services) mandates DSH audits and this data will be audit as part of that process.
6. **Data Source, Collection and Reporting:** The source of the data is the DSH schedule submitted by hospitals and reviewed for reasonableness by contractors or staff. These schedules are submitted to LDH annually.
7. **Calculation Methodology:** The indicator will be calculated by subtracting DSH expenditures associated with the uninsured in SFY 2017 from the DSH expenditures associated with the uninsured in SFY 2016.
8. **Scope:** The indicator will be aggregated as it will represent all hospitals within the state who receive DSH.
9. **Caveats:** No, it does not have any caveats.
10. **Responsible Person:** Erin Lee, Program Manager. 225 342-3063, fax: 225 225-342-9462, email: Erin.Lee@la.gov

Principal Customers/Users of Program and Benefits: The Office of the Secretary offers a diverse array of services. Some areas directly address client needs, i.e. appeals decisions and protection of people with disabilities from abuse, while others provide administrative and technical support to the Offices within the Department. In addition, the Office of the Secretary and the Office of Management and Finance coordinate much of the reporting to the Legislature, other state agencies, the public and the media.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The Department continues to work towards the establishment of efficient and cost effective ways to deliver services. Because it is not a self-sufficient agency and does not enjoy a dedicated funding source the Department is subject to the brunt of budgetary shortfalls. Prediction of outcomes is hindered by cuts to programs that have widespread and sometimes unknown ripple effects.

There is a critical shortage of: 1) funding available to adequately finance the Department's priority areas; 2) significant budgetary challenges for the public hospital system based upon significant reductions in the Disproportionate Share Hospital (DSH) Program; 3) transportation resources in rural areas; and 4) qualified staff and funds to meet the needs of individuals who are waiting for services.

Other factors which could impact achievement of goals and objectives include, but are not limited to: loss of state general fund revenues; increasing number of indigent, uninsured populations; categorical funding streams that restrict access to resources and impede flexibility in meeting customer needs; public perception/values/attitudes regarding the needs of the various programs and services offered by the Department.

Methods Used to Avoid Duplication of Effort: Weekly meetings of executive management are held so as to effectively coordinate the services being provided and ensure that services are not being duplicated. The Department has embraced the Strategic Planning Process established in Act 1465 and periodic meetings are held to examine the mission, goals, objectives, and strategies of the various programs with emphasis on ensure that both funding and resources are maximized and not duplicated.

Recommendations by and to the Streamlining State government Committee were also considered in revising the 5-Year Strategic Plan. The Streamlining Commission asked state departments to conduct an internal analysis and generate ideas that could result in more effective and efficient services for our citizens by reducing over reliance on state government with an end result of decreased size. These ideas for consideration are centered on the concept of literally redefining the role of LDH. In order to accomplish this, the state may consider moving LDH away from its historical role as a provider of healthcare services. Services are also provided through not-for-profit and other private organizations that may provide the same services at an even lower cost than state-provided services that are of the same if not better quality. Instead, LDH should redirect its resources toward the more critical role of ensuring robust systems of care exist in their various forms throughout the state, monitoring and regulating those providers offering services, and developing long-term policy strategies and metrics for each service area within the purview of LDH to ensure best practices and outcomes.

LDH has proposed, and is in the process of implementing, numerous efficiencies and streamlining efforts such as significant reforms to the Medicaid program, of the New Orleans Adolescent Hospital with Southeast Louisiana Hospital while enhancing and expanding community-based services, the proposed closure of some inpatient services, and other significant improvements implemented or currently implementation. In addition, The Department of Social Services (DSS), Louisiana Workforce Commission (LWC) and the LDH have explored ways to integrate programs and services inclusive of recommendations presented by the Streamlining Commission.

Maintenance of Agency Performance-Based Budgeting Records: All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

Monitoring & Evaluation Process:

The Office of the Secretary has long recognized and identified the need for improved performance information. Without increased management attention to setting priorities and developing overall goals that can be used to assess its performance, the Department would be limited in its ability in achieving significant progress. As such, considerable progress has been made in hiring, assigning, and training personnel. In order to monitor and evaluate the agency's progress, the department utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback.

In addition, the LDH Division of Planning and Budget reviews all objectives, performance indicators and strategies for the entire department. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve performance measures used in future strategic or operational plans.

Program Evaluations Used to Develop Goals, Objectives and Strategies: Performance Based-Budgeting activities are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies and recommendations are made directly to the Assistant Secretaries or Program Managers, if modifications or additions are needed. Management also embraces the philosophy that each tax dollar must work "harder" for Louisianans—fulfilling the promise of improving the efficiency of government while also improving the value of the services within the department's responsibility.

Program A: Office of Management and Finance

Goal I: The goal of the Office of Management and Finance is to provide overall direction and administrative support to the agencies and activities within the Department.

Statutory Authority: The Louisiana Department of Health (LDH) is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution.

The Office of Management and Finance is authorized under La. R.S. 36:256.

Objective 1: Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards each year through June 30, 2022.

Objective II: Through the Governor's Council on Physical Fitness & Sports, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

Objective III: To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2022.

Objective IV: To provide legal services to the various LDH agencies and programs through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2022.

Objective V: Through the Internal Audit activity, to independently appraise activities within LDH's programs and agency operations in an effort to safeguard the department against fraud, waste & abuse by completing at least 6 audits and 6 operational reviews each year through June 30, 2022.

Objective VI: Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

Primary Beneficiaries/Persons Significantly Affected by Objectives: The objectives in the Office of Management and Finance program are intended to measure the efficiency and effectiveness of the activities within this program.

Louisiana Department of Health embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient;

getting more “Bang for the Buck” in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Executive Administration and Program Support

OBJECTIVE: #1: To provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards.

INDICATOR NAME: #1. Percentage of Office of the Secretary indicators meeting or exceeding established standards

LaPAS PI Code: 10029

1. **Type and Level:** Outcome & Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Administration Program.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Office of the Secretary that have direct public impact.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is provided by bureaus and divisions within the Office of the Secretary for the LaPAS system. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of all measures. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Quarterly.
7. **Calculation Methodology:** Number of performance indicators in 09-307 that meet or exceed their targeted standards divided by the total number of 09-307 indicators.
8. **Scope:** None
9. **Caveats:** While this indicator provides a measure of the effectiveness of the Office of the Secretary, it is narrow in scope. It measures some of the operations within 09-307 that more directly influence the public, but does not reflect the day-to-day programmatic decision-making and budgetary over-sight required to operate LDH.
10. **Responsible Person:** Elizabeth Davis
LDH Budget Administrator 2
Division of Planning and Budget
225-342-5608
Liz.Davis@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Executive Administration and Program Support

OBJECTIVE: #1: To provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards.

INDICATOR NAME: #2. Percentage of the department's employees receiving Performance Evaluation System (PES) evaluations by the due date

LaPAS PI Code: 24100

1. **Type and Level:** Output & Efficiency; Supporting.
2. **Rationale:** A measure of the effectiveness of the Administration Program.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within Human Resources Training and Staff Development Office.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** How This information is provided by the ISIS HR System. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** ISIS ZP 117 Report This information is collected on an annual basis. Some data can be up to 11 months old. It is reported on a state fiscal year.
7. **Calculation Methodology:** A standard calculation: the number of employees rated divided by the total number of employees.
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Lauren G. Guttzeit,
LDH Human Resources Director
225-342-4377
Lauren.Guttzeit@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Governor's Council on Physical Fitness and Sports

OBJECTIVE: #2: Through the **Governor's Council on Physical Fitness & Sports**, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

INDICATOR NAME: #1. Number of participants in the Governor's Games

LaPAS PI Code: 24106

1. **Type and Level:** Output; Supporting.
2. **Rationale:** A measure of the effectiveness, as well as public perception and participation in the Governor's Games and Lighten Up Louisiana program activities and events.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Governor's. Can also gauge public involvement and participation in events and activities of the Governor's Games.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is provided by the Vice Chairperson of the specific event, who gathers and counts registration applications received from participants. These numbers can be calculated reliably, but the reliability of the actual data is dependent on the reliability of data received. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is collected prior to scheduled events (quarterly or annually). Data is usually provided at least two weeks prior to a scheduled event.
7. **Calculation Methodology:** A count of applicant registration forms, as each participant is required to register for events.
8. **Scope:** None
9. **Caveats:** While this indicator provides a measure of the effectiveness of the Governor's Games and Lighten Up Louisiana programs, it is narrow in scope. It measures some of the operations within the program, but does not reflect the day-to-day programmatic decision-making, budgetary over-sight required to operate each event, or time and coordination that goes into sponsoring or hosting event.
10. **Responsible Person:** Rudy Macklin, Director
Governor's Council on Physical Fitness & Sports
225-342-4886
Rudy.Macklin@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Financial Services

OBJECTIVE: #3. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2022.

INDICATOR NAME: #1. Percentage of invoices paid within 90 days of receipt

LaPAS PI Code: 24107

1. **Type and Level:** Output & Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Division of Fiscal Management program.
3. **Use:** Can be used in management decision making to provide an overall view of the effectiveness of the management functions and operations within the Division of Fiscal Management.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is from the State's ISIS system and it is provided by the Division of Fiscal Management. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Annual or Quarterly (as needed).
7. **Calculation Methodology:** The total number of invoices paid within 90 days of receipt divided by the total number of invoices received.
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Pam Diez, Director, Division of Fiscal Management, 225-342-8222, Pam.Diez@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Financial Services

OBJECTIVE: #3. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2022.

INDICATOR NAME: #2. Percentage of budget related documents submitted in accordance with DOA and Legislative timelines.

LaPAS PI Code: 24108

1. **Type and Level:** Output & Efficiency Key.
2. **Rationale:** A measure of the effectiveness of the Division of Planning & Budget.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of some of the operations within the Division of Planning & Budget.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is provided by the Division of Planning & Budget for the LaPAS system. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of data submitted. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Quarterly.
7. **Calculation Methodology:** The total count of the number of budget documents (LaPAS reports, Operational Plans, LDH Strategic Plans, BA-7s, and Annual Departmental Budget Requests) submitted within guidelines divided by the total number of documents submitted.
8. **Scope:** None
9. **Caveats:** While this indicator provides a measure of the effectiveness of the Division of Planning & Budget, it is narrow in scope. It measures some of the operations within the Division of Planning & Budget, but does not reflect the day-to-day programmatic decision-making, guidance provided to agency personnel, and budgetary over-sight required.
10. **Responsible Person:** Elizabeth Davis
LDH Budget Administrator 2
Division of Planning and Budget
225-342-5608
Liz.Davis@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Legal Services

OBJECTIVE: #4. To provide legal services to the various LDH agencies and programs through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2022.

INDICATOR NAME: #1. Percentage of cases litigated successfully

LaPAS PI Code: 10033

1. **Type and Level:** Outcome & Quality; Key.
2. **Rationale:** Provides a narrow measure of the success of the LDH legal department.
3. **Use:** Used in conjunction with other factors in order to gain a sense of whether the actions taken by LDH Bureau of Legal Services are having the desired impact.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Staff attorneys/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and calculated and reported quarterly.
7. **Calculation Methodology:** Count of the number of cases litigated successfully divided by a count of the total number of cases litigated and decided.
8. **Scope:** None.
9. **Caveats:** Measures only one aspect of the success of the Bureau of Legal Services. Success of the bureau also includes counsel to executive management that does not result in litigation.
10. **Responsible Person:** Bureau of Legal Services
Michelle Miley
(225) 342-1112
Michelle.Miley@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Legal Services

OBJECTIVE: #4. To provide legal services to the various LDH agencies and programs through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2022.

INDICATOR NAME: #3. Number of cases litigated

LaPAS PI Code: 12050

1. **Type and Level:** Output; General Performance Information.
2. **Rationale:** Serves as a basis for calculating the previous indicator "Percentage of cases litigated successfully" and provides one measure of the amount of activity undertaken by LDH Bureau of Legal Services.
3. **Use:** Used in conjunction with other factors to gain a sense of the number of cases involving the department which have been litigated.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Staff attorneys/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and counted and reported quarterly.
7. **Calculation Methodology:** Simple count of the total number of cases litigated in which a decision has been rendered.
8. **Scope:** None.
9. **Caveats:** LDH Bureau of Legal Services engages in a multitude of other services for the department, which are not measured by this indicator.
11. **Responsible Person:** Bureau of Legal Services
Michelle Miley
(225) 342-1112
Michelle.Miley@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Legal Services

OBJECTIVE: #4. To provide legal services to the various LDH agencies and programs through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2022.

INDICATOR NAME: #4. Amount recovered

LaPAS PI Code: 12051

1. **Type and Level:** Outcome & Efficiency; General Performance Information
2. **Rationale:** Provides a measure of the dollar amount recovered by the Bureau of Legal Services
3. **Use:** Informs executive management of monies recovered
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Legal personnel/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and counted and reported quarterly.
7. **Calculation Methodology:** Record dollars collected and add for total
8. **Scope:** None.
9. **Caveats:** Recovery, especially in third party liability matters, is dependent upon numerous factors. Debtors to the department have the option to file bankruptcies or liquidate corporations to avoid repayment of debt.
12. **Responsible Person:** Bureau of Legal Services
Michelle Miley
(225) 342-1112
Michelle.Miley@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Internal Audit

OBJECTIVE: #5. Through the Internal Audit activity, to independently appraise activities within LDH's programs and agency operations in an effort to safeguard the department against fraud, waste & abuse by completing at least 6 audits and 6 operational reviews each year through June 30, 2022.

INDICATOR NAME: #1. Number of audit assessments

LaPAS PI Code: 25605

1. **Type and Level:** Output Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Internal Audit activity.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of the operations within the LDH Internal Audit activity.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data will be provided by Internal Audit section. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Internal Audit section. Audit Manager will review quarterly reported stats.
7. **Calculation Methodology:** A simple count.
8. **Scope:** State wide for all audits conducted. This indicator is aggregated.
9. **Caveats:** None.
10. **Responsible Person:** Michael Breland
LDH Audit Director
(225) 342-8158
Michael.Breland@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Internal Audit

OBJECTIVE: #5. Through the Internal Audit activity, to independently appraise activities within LDH's programs and agency operations in an effort to safeguard the department against fraud, waste & abuse by completing at least 6 audits and 6 operational reviews each year through June 30, 2022.

INDICATOR NAME: #1. Number of audit reviews

LaPAS PI Code: 25606

1. **Type and Level:** Output Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Internal Audit activity.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of the operations within the LDH Internal Audit activity.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data will be provided by Internal Audit section. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data Source, Collection and Reporting: Internal Audit section. Audit Manager will review quarterly reported stats.
7. **Calculation Methodology:** A simple count.
8. **Scope:** State wide for all audits conducted. This indicator is aggregated.
9. **Caveats:** None.
10. **Responsible Person:** Michael Breland
LDH Audit Director
(225) 342-8158
Michael.Breland@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Healthcare Licensure and Certification Survey Process (Health Standards Section)

Program Goal: To license and survey health care facilities providing services to Louisiana citizens. To provide leadership and technical support services while maximizing resources to fulfill the Department's mission.

Statutory Authority for Goal: The Constitution of Louisiana (2174), Article 12, Section 8, declares that the Legislature may establish a system of economic security and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., and Louisiana Revised Statute 46:976 gives the Secretary of the Louisiana Department of Health (LDH) the authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the Children's Health Insurance Program (CHIP). Title XXI of the Social Security Act and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its Director secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program, Title XIX of the Social Security Act and funding for CHIP, Title XXI of the Social Security Act.

Primary Persons Who Will Benefit From or be Significantly Affected by Objective: Louisiana citizens, with the vast majority of the services being provided to Medicaid eligible recipients. Additionally, there is an economic impact upon medical services provided within the State of Louisiana resulting from the reimbursements made to the medical community for the delivery of medically necessary services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Percentage of complaint investigations conducted within 30 days after completion of the complaint intake process.

LaPAS PI Code: 16533

1. **Type and Level:** Outcome, Quality/Key.
2. **Rationale:** To monitor the percentage of complaint investigations being completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met, (2) if Budgetary Allocation, Personnel, and other resources are adequate, and (3) those facility/provider types that require additional visits to ensure regulatory compliance..
4. **Clarity:** Automatic Survey Processing Environment (ASPEN) is a federal database used by surveyors during the survey process to input facility, survey, and complaint data. This database is then used to repopulate the federal system.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports and State Office generated reports utilizing data in ASPEN (federal computer database).
7. **Calculation Methodology:** "Total number of complaints COMPLETED within 30 days" divided by the "Total number of complaints TARGETED for 30 days".
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Percentage of complaint investigations conducted within 2 days after completion of the complaint intake process.

LaPAS PI Code: 16534

1. **Type and Level:** Outcome, Quality/Key.
2. **Rationale:** To monitor the percentage of complaint investigations that are being completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met, (2) if Budgetary Allocation, Personnel, and other resources are adequate, and (3) those facility/provider types that require additional visits to ensure regulatory compliance.
4. **Clarity:** Automatic Survey Processing Environment (ASPEN) is a federal database used by surveyors during the survey process to input facility, survey, and complaint data. This database is then used to repopulate the federal system.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports and State Office generated reports utilizing data in ASPEN (federal computer database).
7. **Calculation Methodology:** "Total number of complaints COMPLETED within two days" divided by the "Total # of complaints TARGETED for two days."
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Percentage of licensing surveys conducted

LaPAS PI Code: 16535

1. **Type and Level:** Outcome, Quality/Key.
2. **Rationale:** To monitor the number of licensing surveys completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met and (2) if Budgetary Allocation, Personnel, and other resources are adequate.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports.
7. **Calculation Methodology:** "Total Number of COMPLETED Licensing Surveys" divided by the "Total Number of TARGETED Licensing Surveys"
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Total number of facilities (unduplicated)

LaPAS PI Code: 12031

1. **Type and Level:** Input/General.
2. **Rationale:** The number of health care facilities in Louisiana. This would include facilities which are state licensed only, federally certified only, and facilities which are both state licensed and federally certified. These facilities are subject to state and federal compliance reviews.
3. **Use:** Used to determine if adjustments are needed to the Budgetary Allocation, personnel and other resources.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are: (1) POPS and (2) federal Online Survey Certification and Reports (OSCAR) managed by the Center for Medicare and Medicaid Services (CMS) Data Center.
7. **Calculation Methodology:** Add the total number of active providers state licensed, federally certified, and state licensed and federally certified, but counting each facility type only once.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Number of licensing surveys conducted

LaPAS PI Code: 16536

1. **Type and Level:** Outcome, Quality/General
2. **Rationale:** To monitor the number of licensing surveys completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met and (2) if Budgetary Allocation, Personnel, and other resources are adequate.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports.
7. **Calculation Methodology:** The sum of all facilities TARGETED for "LICENSE ONLY" surveys.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Number of certified facilities

LaPAS PI Code: 12032

1. **Type and Level:** Input/General
2. **Rationale:** The number of federally certified health care facilities in Louisiana which participate in Title XVIII of the Social Security Act (Medicare) and Title XIX of the Social Security Act (Medicaid).
3. **Use:** To determine if adjustments are needed to the Budgetary Allocation, personnel and other resources, as well as monitor growth in facility type.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are: (1) POPS and (2) federal Online Survey Certification and Reports (OSCAR) managed by the Center for Medicare and Medicaid Services (CMS) Data Center.
7. **Calculation Methodology:** The total number of active providers that are federally certified.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Number of licensed facilities

LaPAS PI Code: 12033

1. **Type and Level:** Input/General
2. **Rationale:** The number of state licensed facilities in Louisiana which meet the state's rules and standards to operate as a state licensed health care facility.
3. **Use:** To determine if adjustments are needed to the Budgetary Allocation, personnel and other resources, as well as monitor growth in facility type.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection source is from the licensing database (POPS).
7. **Calculation Methodology:** The total number of active providers that are state licensed.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Number of facilities out of compliance

LaPAS PI Code: 10009

1. **Type and Level:** Output/General
2. **Rationale:** To monitor the number of healthcare facilities currently found to be out of compliance with state and/or federal guidelines.
3. **Use:** Used to determine those facilities which require additional visits to focus on areas of concern and to verify improvement of the quality of services provided to citizens receiving services through health care facilities.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** The total number of facilities out of compliance.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Number of facilities terminated

LaPAS PI Code: 10011

1. **Type and Level:** Output/General
2. **Rationale:** To monitor the number of facilities/providers who have actually had their provider agreement with Medicare/Medicaid and/or their license terminated as a result of an adverse action.
3. **Use:** Used to trend the shift in the types of facilities in operation with the State.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** The sum of all facilities terminated.
8. **Scope:** This indicator would only reflect facilities /providers that were terminated for noncompliance rather than voluntary termination (requested by provider) not determined by noncompliance.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Percentage of facilities out of compliance

LaPAS PI Code: 10012

1. **Type and Level:** Outcome/General
2. **Rationale:** To monitor the percentage of healthcare facilities found to be out of compliance with state and/or federal guidelines.
3. **Use:** Used to determine those facilities which require additional visits to focus on areas of concern and to verify improvement of the quality of services provided to citizens receiving services through health care facilities.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** Total Number of Facilities Found out of Compliance” divided by the “Total Number of Facilities Surveyed.”
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2022.

INDICATOR NAME: Number of facilities sanctioned

LaPAS PI Code: 10010

1. **Type and Level:** Output/General
2. **Rationale:** To monitor and trend the number of facilities which received sanctions (civil money penalties) as a result of their noncompliance with state and federal regulations.
3. **Use:** Used to assess the quality of services provided to citizens receiving services through health care facilities. It would also be used to track facilities which have been sanctioned for possible future focus reviews.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are program desk compliance logs.
7. **Calculation Methodology:** The sum of all facilities sanctioned.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers. Deidre Wright, Medicaid Program Manager, 225-342-0252, Deidre.Wright@La.Gov.

End of Process Documentation
09-307 LDH Office of the Secretary

Principal Customers/Users of the Program and Benefits:

The principal customers of the South Central Louisiana Human Services Authority are individuals, children, youth, and families in need of behavioral health prevention, early intervention, treatment, support services and recovery supports. Specifically, our customers are those 'at risk' or who have addictive disorders, mental/emotional disorders or developmental disabilities who reside in Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne Parishes. Services from the South Central Louisiana Human Services Authority will enable individuals to remain in their community with their families and supports; enable them to maximize their full potential and have the best quality life possible.

Statutory Authority for Program:

Program Authorization Louisiana revised statutes (LSA-RS): R.S.28:871-876; R.S.28:911-920, R.S.39:1533(A); R.S.28:771; R.S.36:254; R.S.36:258.

Potential Internal/External Factors That Could Significantly Affect The Achievement of Goals or Objectives in This Program: Barriers and external factors that could significantly contribute to the difficulties in achieving the goals and objectives of our strategic plan are insufficient funding, inadequately skilled staff to address the needs in a more complex medical model; national health care reform, stigma associated with mental/emotional illness; and lack of public education.

Program Evaluations Used to Develop Goals, Objectives And Strategies: we utilized information gathered from OMHIIS (MH), LADDS (AD), and ITS (DD) reports and best practice literature to develop our goals, objectives and strategies.

Methods Used to Avoid Duplication of Effort: We have had the opportunity to minimize duplication and maximize resources by consolidating and standardizing administrative functions (i.e. purchasing; human resource staffing, information technology). From a service perspective coordination and integrated treatment and service plans will serve to maximize use of human and financial resources to yield the best and most cost effective client and organizational outcomes.

Maintenance of Agency Performance-Based Budgeting Records

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Administration #1

OBJECTIVE: To provide programmatic leadership and direction to the programs of Addictive Disorders, Developmental Disabilities, and Mental Health under SCLHSA; to continue the operational activities of SCLHSA Central Office in relation to regulatory/licensure processes.

INDICATOR NAME: Percentage of appointments kept for assessments and ongoing clinic appointments.

LaPAS PI CODE: 25060

1. **Type and Level:** Key; Outcome
2. **Rationale:** It is important for prospective clients and those already receiving services to keep scheduled appointments. Clients who maintain their scheduled appointments will receive the services that they need to continue with the treatment goals, which can lead to the improvement of their behavioral health status.
3. **Use:** The data is used to determine scheduling and productivity opportunities for the clinical staff.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** The SCLHSA Administrative staff relies on the clinic staff members to accurately reflect in the electronic scheduling system the appointment status of all clients.
6. **Data Source, Collection and Reporting:** Data is entered into the electronic scheduling system in each SCLHSA clinic. The data is pulled from the productivity reports monthly.
7. **Calculation Methodology:** Every client who has an appointment is entered into the scheduling system. The number of "No-shows" is subtracted from the total appointments and the difference is divided into the total number for a percentage calculation.
8. **Scope:** All SCLHSA clinics are included in this indicator.
9. **Caveats:** None
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
Phone: (985) 858-2931
Fax: (985) 858-2934

Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Administration #2

OBJECTIVE: To provide programmatic leadership and direction to the programs of Addictive Disorders, Developmental Disabilities, and Mental Health under SCLHSA; to continue the operational activities of SCLHSA Central Office in relation to regulatory/licensure processes.

INDICATOR NAME: Percentage of SCLHSA clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI CODE: 25061

1. **Type and Level:** Key; Outcome
2. **Rationale:** SCLHSA would like to be the provider of choice for Behavioral Health services. Client feedback is important to collect and analyze.
3. **Use:** SCLHSA Administration and Board utilize the data collected to ensure that the clients we serve continue to want SCLHSA to provide their services.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** The data's accuracy is based on the honesty of the clients completing the survey tool.
6. **Data Source, Collection and Reporting:**

The data element is collected quarterly from a client survey tool administered in each SCLHSA clinic over a one week period. The surveys are collected and forwarded to SCLHSA Administration for compilation. The data results are reported to the administrative staff, clinic staff, and the SCLHSA Board.
7. **Calculation Methodology:** The total number of clients who answered "yes" is divided by the number of total surveys answered. Each clinic percentage is totaled and divided by the number of clinics for an agency percentage.
8. **Scope:** All SCLHSA clinics are included in the survey.
9. **Caveats:** None
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Administration #3

OBJECTIVE: To provide programmatic leadership and direction to the programs of Addictive Disorders, Developmental Disabilities, and Mental Health under SCLHSA; to continue the operational activities of SCLHSA Central Office in relation to regulatory/licensure processes.

INDICATOR NAME: Percentage of SCLHSA clients who state they would recommend the clinics to family and friends.

LaPAS PI CODE: 25062

- 1. Type and Level:** Key; Outcome
- 2. Rationale:** SCLHSA would like to be the provider of choice for Behavioral Health services. Client feedback is important to collect and analyze
- 3. Use:** SCLHSA Administration and Board utilize the data collected to ensure that the clients we serve continue to want SCLHSA to provide their services.
- 4. Clarity:** None
- 5. Validity, Reliability and Accuracy:** The data's accuracy is based on the honesty of the clients completing the survey tool.
- 6. Data Source, Collection and Reporting:** The data element is collected quarterly from a client survey tool administered in each SCLHSA clinic over a one week period. The surveys are collected and forwarded to SCLHSA Administration for compilation. The data results are reported to the administrative staff, clinic staff, and the SCLHSA Board.
- 7. Calculation Methodology:** The total number of clients who answered "yes" is divided by the number of total surveys answered. Each clinic percentage is totaled and divided by the number of clients.
- 8. Scope:** All SCLHSA clinics are included in the survey process.
- 9. Caveats:** None
- 10. Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
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Fax: (985) 858-2934

Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #1

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Number of crisis visits in all South Central Louisiana Human Services Authority Behavioral Health Clinics.

LaPAS PI CODE: 24123

1. **Type and Level:** Key; Input
2. **Rationale:** In creating an effective Crisis Response System that focuses on improving access to care through community resources, a reduction in the number of clients requiring crisis services and crisis visits in mental health clinics.
3. **Use:** Indicator gives SCLHSA Administration an overall view of the Crisis Response System related to screening /access processes of mental health clinics.
4. **Clarity:** None
5. **Validity, Reliability and Accuracy:** The data has not been audited.
6. **Data Source, Collection and Reporting:** Data is entered into the electronic health record system in each SCLHSA clinic. The data is pulled from the productivity reports. This data is reported quarterly to the South Central Louisiana Human Services Administration and to the South Central Louisiana Human Services Authority Board.
7. **Calculation Methodology:** Simple calculation of the number of individuals who present to a SCLHSA Behavioral Health Clinic in crisis.
8. **Scope:** Data is reported regionally, but is collected by individual clinic.
9. **Caveats:** Clinical judgment of staff is subjective.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #2

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Number of referrals to community resources in South Central Louisiana Human Services Authority Crisis Response System.

LaPAS PI CODE: 24124

1. **Type and Level:** Key; Output
2. **Rationale:** Appropriate referrals to community resources by Crisis Response Systems reduce the burden on local hospitals and law enforcement agencies resulting in the reduction in the number of crisis situations.
3. **Use:** Monitoring the number of referrals to community resources will be utilized in SCLHSA management decisions regarding program goals as well as in the budget process for contract providers.
4. **Clarity:** Documentation and submission will be of each individual/treatment encounter.
5. **Validity, Reliability and Accuracy:** Data has not been audited.
6. **Data Source, Collection and Reporting:**
The data is collected by the CALL line service. The data is submitted to SCLHSA Administration each month. The crisis data is compiled and reported quarterly to the Administrative Team and the SCLHSA Board.
7. **Calculation Methodology:** Simple calculation of the total number of referrals for crisis services from the CALL line.
8. **Scope:** The data is collected for the SCLHSA catchment area.
9. **Caveats:** Community resource provider cooperation and submission of data on a timely basis.
10. **Responsible Person:**
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services # 5

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: Percentage of adults and adolescents with an addictive disorder who successfully complete outpatient treatment.

LaPAS PI CODE: 24510

1. **Type and Level :** Level Key; Output
2. **Rationale:** The completion of an addictive disorder treatment program is a major step in the recovery process for the clients.
3. **Use:** This indicator will be useful in identifying trends in determination status of non-completion. Management may utilize outcomes to develop and improve outpatient programs.
4. **Clarity:** None required
5. **Validity, Reliability and Accuracy:** There are no audits performed on this data.
6. **Data Source, Collection and Reporting:** Each SCLHSA Treatment Center manager collects data on clients in treatment for addiction services. This data is forwarded to South Central Louisiana Human Services Authority Administration monthly. Once compiled this information is reviewed quarterly by SCLHSA Administrative Team and the SCLHSA Board.
7. **Calculation Methodology:** Total number of clients who completed treatment divided by total number of clients who were discharged.
8. **Scope:** The data represents the percentage of clients who completed treatment successfully from the total outpatient discharged clients.
9. **Caveats:** None known.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #6

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: Percentage of adults and adolescents with an addictive disorder who report improvement at discharge.

LaPAS PI CODE: 24511

1. **Type and Level :** Level Key; Output
2. **Rationale:** The improvement during an addictive disorder treatment program is a major step in the recovery process for the clients.
3. **Use:** This indicator will be useful in identifying trends in determination status of those not improving during treatment. Management may utilize outcomes to develop and improve outpatient programs.
4. **Clarity:** None required
5. **Validity, Reliability and Accuracy:** There is no data audit at this time.
6. **Data Source, Collection and Reporting:** Each client receiving addiction services completes a survey at discharge. The surveys are collected at each SCLHSA Treatment Center and are forwarded to South Central Louisiana Human Services Authority Administration for compilation. The data is reported to the Administrative Team and the SCLHSA Board quarterly.
7. **Calculation Methodology:** Total number of clients who show improvement divided by total number of clients who were discharged from treatment.
8. **Scope:** The data represents the percentage of clients who showed improvement from the total number of discharged outpatient clients.
9. **Caveats:** None known.
10. **Responsible Person:**
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services # 3

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Percentage of adults with depression who report improvement in disposition during and/or after treatment

LaPAS PI CODE: 24513

1. **Type and Level:** Key; Output
2. **Rationale:** Appropriate treatment for clients with depression should have less depression episodes and symptoms.
3. **Use:** The outcomes data collected on depression clients will allow for feedback on the appropriateness and effectiveness of the behavioral health program and treatments provided.
4. **Clarity:** The data will be collected on clients in active treatment who are not new clients and have a clinical diagnosis of depression.
5. **Validity, Reliability and Accuracy:** Data has not been audited.
6. **Data Source, Collection and Reporting:** Any client who presents to SCLHSA for services with the complaint of depression is administered a depression survey. The initial survey is placed in the client's record and a copy is sent to SCLHSA Administration for data compilation. At routine intervals of 3, 6, 9 and 12 months, the survey is re-administered to the client. The surveys are maintained in the same manner as the initial one. The difference from all of the survey scores are tabulated each quarter for the percent change. The average percent change is recorded for this measure. The data is reported to the Administrative Team and SCLHSA Board quarterly.
7. **Calculation Methodology:** Each question is rated on a numerical scale from 1 through 4. Each individual survey score is compared to previous scores. Numerator is all patients in the quarter whose severity increased. Denominator is all patients who completed a survey in the quarter.
8. **Scope:** Authority wide data is reported; but may be broken down by agency.
9. **Caveats:** The data is not collected by individualized person, but as an average by the population.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Assessment Services #1

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Number of referrals received by SCLHSA outpatient centers from local stakeholders/community behavioral health services.

LaPAS PI CODE: 24514

1. **Type and Level:** Key; Output
2. **Rationale:** Appropriate referrals to community resources by Crisis Response Systems reduce the burden on local hospitals and law enforcement agencies resulting in the reduction in the number of crisis situations.
3. **Use:** Monitoring the number of community referrals from other community behavioral health services provides insight to the needs of the behavioral health client. SCLHSA will utilize the data to determine and prioritize budgeting for services offered.
4. **Clarity:** None required
5. **Validity, Reliability and Accuracy:** Data has not been audited.
6. **Data Source, Collection and Reporting:** Data is entered into the electronic health record system in each SCLHSA clinic. The data is pulled from the EHR's reports. The data is submitted quarterly to South Central Louisiana Human Services Authority Administration and Board.
7. **Calculation Methodology:** Simple calculation of the total number of referrals for service by an outside agency.
8. **Scope:** Authority wide data is reported; but may be broken down by agency.
9. **Caveats:** None
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Developmental Disabilities #1

OBJECTIVE: To foster and facilitate independence for citizens with disabilities through the availability of home and community based services

INDICATOR NAME: Percentage of home and community based waiver assessments completed timely.

LaPAS PI CODE: 24118

1. **Type and Level:** Key; Efficiency
2. **Rationale:** The indicator is important to providing timely services to citizens applying for home and community based waivers. Provider assessments are necessary to initiate the appropriate services for those that qualify for waiver services. Delays in the required waiver assessments result in delay of services.
3. **Use:** South Central Louisiana Human Services Authority management will utilize the collected data to monitor service providers. All performance data will be considered in the budget process.
4. **Clarity:** The term waiver assessment addressed in this indicator is the process of by which service coordination providers (chosen by the client) develop a plan of care and assign a level of care to be approved by OCDD. The definition of waiver timeliness is a completed plan of care and level of care approved within 10 days.
5. **Validity, Reliability and Accuracy:** OCDD QI Staff performs quarterly chart audit based on a random sample size.
6. **Data Source, Collection and Reporting:** OCDD staff in Baton Rouge utilizes DDAPPS. A sample size is selected and sent to regional office. Percentage reviewed is based on sample size.
7. **Calculation Methodology:** Total number of waiver initial/annual waivers determinations sent out per quarter divided by number of assessments due during the quarter completed in a timely manner.
8. **Scope:** The data is a regional total percentage. Data may be presented by waiver type.
9. **Caveats:** There is a general statewide nonconformity with ensuring providers complete and timely and complete assessment.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Developmental Disabilities #4

OBJECTIVE: To ensure all eligibility determinations are completed timely.

INDICATOR NAME: Percentage of Developmental Disability System Entry applications are completed within 20 working days.

LaPAS PI CODE: New

1. **Type and Level :** Level Key; Efficiency
2. **Rationale:** To guide an efficient, consumer friendly single point of entry process.
3. **Use:** This indicator will be useful in identifying issues related to System entry applications not being completed timely.
4. **Clarity:** None required
5. **Validity, Reliability and Accuracy:** A review of Applications taking more than 20 working days to complete will be reviewed to determine the reasons for not being completed timely.
6. **Data Source, Collection and Reporting:** The DD Participant Database will be utilized to determine timeliness of applications.
7. **Calculation Methodology:** Total number of Statements of Approval (SOA) and Statements of Denial (SOD) completed within 20 working days divided by the Total number of SOAs and SODs completed. Benchmark is 100%
8. **Scope:** The data represents the percentage of DD system applicants who were issued an SOA or SOD within 20 working days.
9. **Caveats:** None known.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: General Performance Indicator #5

OBJECTIVE: To foster and facilitate independence for citizens with disabilities through the availability of home and community based services

INDICATOR NAME: Number of people receiving individual and family support services.

LaPAS PI CODE: 24132

11. Type and Level: Key; Outpatient

12. Rationale: To measure the total number of people who receive support services

13. Use: South Central Louisiana Human Services Authority administration will utilize the data to monitor how efficiently and cost effectively individuals are served.

14. Clarity: None necessary

15. Validity, Reliability and Accuracy: Data is audited quarterly. QI specialist pulls summary of all Individual and Family Support Services from ITS (OCDD Individual Tracking System) and reconciles the data against the regional office spreadsheet.

16. Data Source, Collection and Reporting: The Support Services Coordinators document and report the number of people to the Assistant CSRA. The Assistant CSRA compiles the data and enters it on an Excel spread sheet. Reported (Quarterly) to South Central Louisiana Human Services Authority Administration by QI staff.

17. Calculation Methodology: Simple count of the total number of unique individuals who receive Individual and Support Services as well as crisis funding

18. Scope: Data is regional-wide

19. Caveats: None

10. Responsible Person: Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 3

INDICATOR NAME: Total number of individuals served by *inpatient* Addictive Disorders in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24130

1. **Type and Level:** Key; Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None Needed
5. **Validity, Reliability and Accuracy:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** The contract inpatient facility enters service data in the LADDs System and submits detailed invoices to SCLHSA. Detailed reports are run to collect data from LADDs. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.
7. **Calculation Methodology:** Simple count of each individual served inpatient paid addictive disorder agency.
8. **Scope:** Data is collected agency specific and reported authority wide.
9. **Caveats:** None
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 4

INDICATOR NAME: Total number of individuals served *outpatient* by Addictive Disorders in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24131

1. **Type and Level:** Key; Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None Needed
5. **Validity, Reliability and Accuracy:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** All SCLHSA BH clinics enters service data into the electronic health record. Reports are run to pull data from the system. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.
7. **Calculation Methodology:** Simple count of each individual served by each addictive disorder agency.
8. **Scope:** Data is collected agency specific and reported authority wide.
9. **Caveats:** We are unable to extract the service type using the new electronic health record. The vendor does not consistently provide this information.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 3

INDICATOR NAME: Total number of individuals served by *inpatient* Addictive Disorders in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24130

1. **Type and Level:** Key; Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None Needed
5. **Validity, Reliability and Accuracy:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** The contract inpatient facility submits a monthly report with their service data along with a detailed invoice(s) to SCLHSA. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.
7. **Calculation Methodology:** Simple count of each individual served inpatient paid addictive disorder agency.
8. **Scope:** Data is collected agency specific and reported authority wide.
9. **Caveats:** None
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: General Performance Indicator #7

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: The number of enrollees in prevention programs.

LaPAS PI CODE: 24115

1. **Type and Level :** Level Key; Input
2. **Rationale:** In keeping with the South Central Louisiana Human Services Authority Mission which promotes wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources, enrollment in the Addictive Disorders prevention services is key to minimizing substance abuse.
3. **Use:** Monitoring the number of enrollees in prevention programs will be utilized in South Central Louisiana Human Services Authority management decisions regarding program goals as well as in the budget process for contract providers.
4. **Clarity:** None required
5. **Validity, Reliability and Accuracy:** Prevention Specialist performs on site record reviews monthly to ensure accuracy.
6. **Data Source, Collection and Reporting:**
Data is collected each month and entered into the Prevention Data system. The data is subsequently compiled by the prevention monitor and submitted to the South Central Louisiana Human Services Authority Administration.
7. **Calculation Methodology:** The calculation is a simple count of unique individuals who are enrolled in prevention programs each month.
8. **Scope:** The data value is the sum of all South Central Louisiana Human Services Authority prevention programs.
9. **Caveats:** Programs begin at different times during the year. Some school based programs enroll in early school year and some wait until mid-year.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 6

INDICATOR NAME: Total number of individuals receiving Flexible Family Funds in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24133

1. **Type and Level:** Key; Output
2. **Rationale:** Supporting individuals with developmental disabilities is a core function of the South Central Louisiana Human Services Authority. Increasing the number of individuals receiving flexible funds will contribute to clients maintaining themselves and their family members in the home.
3. **Use:** Data will be used to monitor agency performance and service to clients.
4. **Clarity:** None needed
5. **Validity, Reliability and Accuracy:** The Regional OCDD QI specialist performs a 10% audit on cases to ensure communication regulations are followed and clients meets eligibility criteria each quarter. Audits are performed by random sample.
6. **Data Source, Collection and Reporting:** Flexible family fund slots are all filled. The number of people receiving Flexible Family Funds services is predetermined by OCDD.
7. **Calculation Methodology:** Total number of unique individuals who receive Flexible Family Funds services.
8. **Scope:** The data is reported region wide. May be subdivided if needed.
9. **Caveats:** None.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 1

INDICATOR NAME: Total number of individuals served in the South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24128

1. **Type and Level:** Key; Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of individuals services are provided to as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None Needed
5. **Validity, Reliability and Accuracy:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** Each South Central Louisiana Human Services Authority agency enters data into the electronic health record. The SCLHSA Administration staff pulls reports and compiles the data. This data is reported quarterly to the SCLHSA Executive Director and South Central Louisiana Human Services Authority Board.
7. **Calculation Methodology:** Simple count of each unique individual receiving services by SCLHSA.
8. **Scope:** Data is collected agency specific and maybe reported by agency, service or region.
9. **Caveats:** None
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 2

INDICATOR NAME: Total number of individuals served by *outpatient* mental health in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24129

1. **Type and Level:** Key; Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None Needed
5. **Validity, Reliability and Accuracy:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** All SCLHSA BH clinics enters service data into the electronic health record. Reports are run to pull data from the system. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.
7. **Calculation Methodology:** Simple count of each individual served by each addictive disorder agency.
8. **Scope:** Data is collected agency specific and reported authority wide.
9. **Caveats:** We are unable to extract the service type using the new electronic health record. The vendor does not consistently provide this information.
10. **Responsible Person:** Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
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09-310 Northeast Delta Human Services Authority

Statutory Authority for Goals:

Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

Principle Customers/Users of the Program and Benefits: Persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families, who lives in Ouachita, Morehouse, Lincoln, Richland, Union, Jackson, East Carroll, West Carroll, Madison, Tensas, Franklin and Caldwell parishes served by Northeast Delta Human Services Authority.

External factors with potential negative impact on achieving goals and objectives include:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which Northeast Delta Human Services Authority has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Administration Team.

Internal Factors that May Affect the Achievement of Goals and Objectives:

The ability for Northeast Delta Human Services Authority to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Health Care Reform and in the state Medicaid program involving a higher degree of care coordination involving the Medicaid expansion.

Program Evaluations Used to Develop Goals, Objectives, and Strategies:

Northeast Delta Human Services Authority strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Sr. Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. Northeast Delta Human Services Authority actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, (Northeast Delta Human Services Authority continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort:

Northeast Delta Human Services Authority shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within Northeast Delta Human Services Authority. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the Northeast Delta Human Services Authority Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of Northeast Delta HSA AD clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI Code: A1.1

1. Type and Level: The type of indicator is Outcome. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northeast Delta HSA can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with Northeast Delta HSA even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes so Northeast Delta HSA can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment. These reports will be collected on a quarterly basis.

7. Calculation Methodology: Comments are collected collect and compiled in a quarterly report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northeast Delta HSA a larger picture of what type of services are needed or which one should be continued.

9. Caveats: Our agency is one of the few that serves indigent clients without assessing a fee of they have no income. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: The responsible people for collecting these will be the clinicians/counselors at each clinic.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of Northeast Delta HSA MH clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI Code: A2.3

1. Type and Level: The type of indicator is Outcome. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northeast Delta HSA can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with Northeast Delta HSA even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes so Northeast Delta HSA can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment. These reports will be collected on a quarterly basis.

7. Calculation Methodology: Comments are collected collect and compiled in a quarterly report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northeast Delta HSA a larger picture of what type of services are needed or which one should be continued.

9. Caveats: Our agency is one of the few that serves indigent clients without assessing a fee of they have no income. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: The responsible people for collecting these will be the clinicians/counselors at each clinic.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of Northeast Delta HSA AD clients who state they would recommend the clinics to family and friends.

LaPAS PI Code: A1.2

1. Type and Level: The type of indicator is Quality. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northeast Delta HSA can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients recommend the services we provide and choose to stay with Northeast Delta HSA, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes because Northeast Delta HSA can utilize our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.

4. Clarity: The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a quarterly basis.

7. Calculation Methodology: Comments are collected collect and compiled in a quarterly report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northeast Delta HSA a larger picture of what type of services are needed or which one should be continued.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients feel about our clinic.

10. Responsible Person: The responsible person for collecting these will be clinicians and counselors at each clinic.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of MH adults served in Northeast Delta HSA.

LaPAS PI Code: A2.1

1. Type and Level: This type of indicator will be output and the level will be Key Performance Information.

2. Rationale: This indicator has been selected because Northeast Delta HSA needs to know how many clients we are serving. This will assist the agency with any staffing concerns and will assist in making sure that Northeast Delta HSA is growing with their population.

3. Use: This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management and coordination of care purposes because Northeast Delta HSA will need to manage care, time and staff in order to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Records will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: As charts are opened, a numbering system is attached. Electronic Health Records will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be accurate because it is just a total of the number of clients that are seen from the number of charts and staff client totals in our Electronic Health Record.

8. Scope: This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: This indicator does not have any limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be Clinical Director.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of AD adults served in Northeast Delta HSA.

LaPAS PI Code: New

1. Type and Level: This type of indicator will be output and the level will be Key Performance Information.

2. Rationale: This indicator has been selected because Northeast Delta HSA needs to know how many clients we are serving. This will assist the agency with any staffing concerns and will assist in making sure that Northeast Delta HSA is growing with their population.

3. Use: This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management and coordination of care purposes because Northeast Delta HSA will need to manage care, time and staff in order to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Records will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: As charts are opened, a numbering system is attached. Electronic Health Records will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be accurate because it is just a total of the number of clients that are seen from the number of charts and staff client totals in our Electronic Health Record.

8. Scope: This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: This indicator does not have any limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be Clinical Director.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of individuals receiving evidenced based prevention services

LaPAS PI Code: New

1. Type and Level: This is an output indicator and the level is Key Performance Indicator.

2. Rationale: This will allow Northeast Delta HSA to view how many school aged children are participating in the prevention programs. This is a valid measure of performance to assess the range and availability of appropriate prevention programs.

3. Use: This indicator will be used in management decision making so we can assess the effectiveness and usefulness of the program.

4. Clarity: This indicator clearly identifies what is being measured and does not need any clarification.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a quarterly basis on the number of enrollees.

6. Data Source, Collection and Reporting: Each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well. Their reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily. PMIS or Prevention Management Information Systems is computer based and is used daily to record service tickets on curriculum registrants and the research based lessons received.

7. Calculation Methodology: The total count of enrollees.

8. Scope: This indicator is the sum of smaller parts because we collect information on a monthly/quarterly basis we can easily see how well each program is doing.

9. Caveats: This indicator does not have limitations or weaknesses.

10. Responsible Person: The responsible person for collecting this information is our prevention staff member. Each prevention program has someone who collects the information and submits it to the prevention staff member or the contract monitor.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of adults MH services in all **Northeast Delta HSA Behavioral Health** clinics.

LaPAS PI Code: New

1. Type and Level: This type of indicator will be output and the level is Key Performance Indicator.

2. Rationale: This indicator was selected so that Northeast Delta HSA would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.

3. Use: This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used to help Northeast Delta HSA manage time and staff to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of types of services provided.

6. Data Source, Collection and Reporting: Northeast Delta HSA will also use its Electronic Health Record to keep a running total of types of services that staff are providing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be accurate because it is just get a total count of the number of clients' services that are seen from the staff documentation as provided by our Electronic Health Record.

8. Scope: This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: This indicator does not have limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be the physicians, clinicians and counselors at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of adults AD services in all **Northeast Delta HSA Behavioral Health** clinics.

LaPAS PI Code: New

1. Type and Level: This type of indicator will be output and the level is Key Performance Indicator.

2. Rationale: This indicator was selected so that Northeast Delta HSA would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.

3. Use: This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used to help Northeast Delta HSA manage time and staff to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of types of services provided.

6. Data Source, Collection and Reporting: Northeast Delta HSA will also use its Electronic Health Record to keep a running total of types of services that staff are providing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be accurate because it is just get a total count of the number of clients' services that are seen from the staff documentation as provided by our Electronic Health Record.

8. Scope: This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: This indicator does not have any limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be the physicians, clinicians and counselors at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of children/adolescents served with MH services in all Northeast Delta HSA Behavioral Health clinics.

LaPAS PI Code: A2.2

- 1. Type and Level:** This type of indicator is output and the level is Key Performance Indicator.
- 2. Rationale:** This indicator was selected so that Northeast Delta HSA would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northeast Delta HSA manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the Corporate Compliance Director at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of Northeast Delta HSA AD clients who state they would recommend services in this agency to others

LaPAS PI Code: A2.4

1. Type and Level: The type of indicator is Quality. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northeast Delta HSA can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients recommend the services we provide and choose to stay with Northeast Delta HSA, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes because Northeast Delta HSA can utilize our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.

4. Clarity: The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a quarterly basis.

7. Calculation Methodology: Comments are collected collect and compiled in a quarterly report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northeast Delta HSA a larger picture of what type of services are needed or which one should be continued.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients feel about our clinic.

10. Responsible Person: The responsible person for collecting these will be clinicians and counselors at each clinic.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of MH cash subsidy slots utilized

LaPAS PI Code: A2.5

1. Type and Level: The type of indicator is Efficiency and the level is Key Performance Indicator.

2. Rationale: This indicator is selected so that Northeast Delta HSA can gauge the level of utilization in this service. It is a valid measure of performance targeted in this objective.

3. Use: The indicator will be used in the management decision making to show if this program is being utilized at its capacity. This indicator will be used only for internal management.

4. Clarity: The indicator name is clearly identified of what is being measured. The acronym MH stands for Mental Health.

5. Accuracy, Maintenance, Support: This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be monitored closely to verify what slots are available.

6. Data Source, Collection and Reporting: This information is gathered on a quarterly basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

7. Calculation Methodology: A sum of all slots that are being utilized divided that by 100 to gain a percent. This will be helpful so that we know how much in percent terms is this service being utilized.

8. Scope: This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.

9. Caveats: This indicator does not have limitations, weakness or bias.

10. Responsible Person: This responsible person who collects the data is the mental health clinic manager for adolescent services

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of WRAP Funds Requested

LaPAS PI Code: New

1. Type and Level: The type of indicator is Output and the level is General Performance Indicator.

2. Rationale: This indicator is selected so that Northeast Delta HSA can gauge the level of utilization in this service. It is a valid measure of performance targeted in this objective.

3. Use: The indicator will be used in the management decision making to show if this program is being utilized at its capacity and the needs of our consumers. This indicator will be used only for internal management.

4. Clarity: The indicator name is clearly identified of what is being measured.

5. Accuracy, Maintenance, Support: This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The request for WRAP funds will assist in the data to support its accuracy. This report has to be monitored closely to verify available funds.

6. Data Source, Collection and Reporting: This information is gathered on an annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

7. Calculation Methodology: A sum of total amount of available funds that are being utilized divided that by the remaining amount. This will be helpful so that we know how much of this service being utilized.

8. Scope: This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.

9. Caveats: This indicator does not have limitations, weakness or bias.

10. Responsible Person: This responsible person who collects the data is the mental health clinic manager for adolescent services.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of individuals referred to peer support centers

LaPAS PI Code: New

1. Type and Level: This type of indicator is Output/Efficiency and the level is General Performance Information.

2. Rationale: This indicator was selected so that Northeast Delta HSA would know how many clients the agency is providing additional and support care to. This can assist us in making sure that the agency is growing with its population and identifying the needs through proper referrals.

3. Use: This indicator will be used in management decision making because as our consumers reach stabilization, they will be referred to more after care and maintenance types of services to avoid emergency services and hospitalizations and to ensure follow-up care. This indicator will be used for management purposes in order to help Northeast Delta HSA manage care to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The source will be a quarterly report completed by clinicians and counselors. Yearly reports will be compiled of the result.

6. Data Source, Collection and Reporting: This information is gathered on a quarterly basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting

7. Calculation Methodology: This indicator will be accurate because it is just a total of the number of clients that are referred to peer support centers by clinicians.

8. Scope: This indicator is the sum of smaller parts because as we will just add the total number of client charts from all clinics.

9. Caveats: This indicator does not have any limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be the clinicians and counselors at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of referrals to Northeast Delta HSA partner agencies

LaPAS PI Code: New

1. Type and Level: This type of indicator is Output/Efficiency/Quality and the level is General Performance Information.

2. Rationale: This indicator was selected so that Northeast Delta HSA would know how many clients the agency is providing additional and support care to. This can assist us in making sure that the agency is growing with its population and identifying the needs through proper referrals.

3. Use: This indicator will be used in management decision making because as our consumers reach stabilization, they will be referred to comprehensive services. This indicator will be used for management purposes in order to help Northeast Delta HSA manage care to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The source will be a quarterly report completed by clinicians and counselors. Yearly reports will be compiled of the result.

6. Data Source, Collection and Reporting: This information is gathered on a quarterly basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting

7. Calculation Methodology: This indicator will be accurate because it is just a total of the number of clients that are referred to outside services.

8. Scope: This indicator is the sum of smaller parts because as we will just add the total number of client charts from all clinics.

9. Caveats: This indicator does not have any limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be the clinicians and counselors at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of Northeast Delta HSA partner agencies

LaPAS PI Code: New

- 1. Type and Level:** This type of indicator is Input/Efficiency/Quality and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northeast Delta HSA would know how agencies are providing additional and support care to our consumers. This can assist us in making sure that the agency is growing with its population and identifying the needs through proper referrals.
- 3. Use:** This indicator will be used in management decision making because as our consumers reach stabilization, they will be referred to comprehensive services. This indicator will be used for management purposes in order to help Northeast Delta HSA manage care to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The source will be a quarterly report completed by clinicians and counselors. Yearly reports will be compiled of the result.
- 6. Data Source, Collection and Reporting:** This information is gathered on a quarterly basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting
- 7. Calculation Methodology:** This indicator will be accurate because it is just a total of the number of clients that are referred to outside services.
- 8. Scope:** This indicator is the sum of smaller parts because as we will just add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in to seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinicians and counselors at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of successful completions (24-hour residential programs) - AD Program

LaPAS PI Code: A2.6

1. Type and Level: The type of indicator is Outcome and the level Key Performance Indicator.

2. Rationale: The rationale for the indicator is to gauge how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see if clients are getting better and completing our programs.

3. Use: This indicator will be used in management decision making so that we will be able to see if our programs are working the way they should. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This program will be used for internal management purposes.

4. Clarity: This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: This performance indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The source of this data will be Louisiana Addictive Disorders System. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Total number of clients in treatment divided by the number of clients who completed treatment.

8. Scope: This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: This indicator does not have limitations or bias.

10. Responsible Person: The responsible person for collecting the data will be the contract monitor/

Performance Indicator Documentation Sheet

INDICATOR NAME: Primary Inpatient Adult: Percentage of individuals successfully completing the AD program

LaPAS PI Code: A2.7

1. Type and Level: The type of indicator is Outcome and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This will help us tell our performance story in that we can see that clients are progressing and completing our programs.

3. Use: This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The source of this data will be Louisiana Addictive Disorders System. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be calculated by gaining a total successful completion rate. The calculation is the total number of clients in treatment divided by the number of clients who completed treatment.

8. Scope: This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: This indicator does not have limitations or bias.

10. Responsible Person: The responsible person for collecting the data will be the contract monitor.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of people receiving individual and family support services.

LaPAS PI Code: A3.1

1. Type and Level: The type of indicator is Output and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northeast Delta HSA can measure the number of people receiving individual and family support services.

3. Use: This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The OCDD Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: The Participant Services Database will help to assist in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by gathering information from the Participant Services Database/Support Services Coordinators. The calculation is a simple count.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to see what type of services our clients are receiving.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the OCDD Compliance Officer.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of people receiving flexible family fund services

LaPAS PI Code: A3.2

1. Type and Level: The type of indicator is Output and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northeast Delta HSA can measure the number of people receiving flexible family funds.

3. Use: This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database/Support Services Coordinators will help in gathering the information.

6. Data Source, Collection and Reporting: The OCDD Participant Services Database/Support Services Coordinators will assist in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by gathering information from the Participant Services Database/Support Services Coordinators. The calculation is a simple count.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to determine what type of services our clients are receiving.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the OCDD Compliance Officer.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation

LaPAS PI Code: A3.3

1. Type and Level: The type of indicator is Outcome & Efficiency, and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northeast Delta HSA can measure the number of people receiving individual and family support services. Eligibility determination processes must be completed correctly and timely as promulgated in Act 378.

3. Use: This indicator will be used in management decision making to determine the effectiveness and efficiency of our services. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The Family Flexible Fund individual case records will be used in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by gathering the information in the Family Flexible Fund individual case records. The calculation is the percentage determined by the number of cases where promulgation standard is met divided by total number of cases reviewed. That number is then multiplied by 100 to achieve the percentage.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to see what type of services our clients are receiving.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the Family Supports Supervisor.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of persons receiving DD services per year

LaPAS PI Code: A3.4

1. Type and Level: The type of indicator is Output and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northeast Delta HSA can measure the number of people receiving DD services per year.

3. Use: This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: The Participant Services Database will help to assist in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by information gathered from information in the Participant Services Database.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA determine how many clients are receiving DD services.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the OCDD Compliance Officer.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of completed monitoring of Individual and Family Support fund usage (in accordance with OCDD policy)

LaPAS PI Code: New

1. Type and Level: The type of indicator is Outcome/Efficiency/Quality, and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northeast Delta HSA can measure the number of completed monitoring of IFS fund usage to ensure compliance for proper use

3. Use: This indicator will be used in management decision making to determine the effectiveness and efficiency of our services. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The Individual & Family Support individual case records will be used in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by gathering the information in the Individual & Family Support cases. The calculation is the percentage determined by the number of cases reviewed for which all fund guidelines were followed divided by total number of cases reviewed. That number is then multiplied by 100 to achieve the percentage.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to see what type of services our clients are receiving.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the Supervisor of Family Services.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of plans of care that address waiver participants' personal goals

LaPAS PI Code: New

1. Type and Level: The type of indicator is Output/Efficiency/Quality, and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northeast Delta HSA can measure the number of plan of cares that address personal goals of consumers

3. Use: This indicator will be used in management decision making to determine the quality, effectiveness and efficiency of our services. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The individual case records will be used in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by gathering the information in the individual case records. The calculation is the percentage determined by the number of plan of cares that address personal goals divided by total number of cases reviewed. That number is then multiplied by 100 to achieve the percentage.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to see what type of support services and our clients are receiving and overall satisfaction.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the OCDD Compliance Officer.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percent of compliance with Performance Evaluation System (PES) evaluations completed within required time frame

LaPAS PI Code: New

1. Type and Level: The type of indicator is Output/Efficiency/Quality, and the level is General Performance Indicator.

2. Rationale: Performance and continuous quality improvement is an integral part of Northeast Delta HSA operations. This indicator will help us manage the supervision of staff.

3. Use: This indicator will be used in management decision making to determine the quality, effectiveness of operations and staffing managers. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: Submitted complete evaluation forms to Human Resources. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by the number of evaluations submitted by the number of evaluations due for the reporting period, multiplied by 100 to derive a percentage.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to see what type of support services and our clients are receiving and overall satisfaction.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the Human Resource Officer.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percent of persons who agree with the statement, “My personal beliefs and values about life and healing are respected during treatment.”

LaPAS PI Code: New

1. Type and Level: The type of indicator is Outcome. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northeast Delta HSA can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients are receiving culturally competent services then they are identifying with the therapist.

3. Use: This indicator will be used in management decision making and other agency processes so Northeast Delta HSA can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment. These reports will be collected on a quarterly basis.

7. Calculation Methodology: Comments are collected collect and compiled in a quarterly report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northeast Delta HSA a larger picture of what type of services are needed or which one should be continued.

9. Caveats: Our agency is one of the few that serves indigent clients without assessing a fee of they have no income. It will be collected from all of our clinics so we can see how our clients are feeling about our clinical services.

10. Responsible Person: The responsible people for collecting these will be the clinicians/counselors at each clinic.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of annual trainings

LaPAS PI Code: New

1. Type and Level: The type of indicator is Output/Efficiency/Quality, and the level is General Performance Indicator.

2. Rationale: Performance and continuous quality improvement is an integral part of Northeast Delta HSA operations. This indicator will help us ensure proper training of staff.

3. Use: This indicator will be used in management decision making to determine the quality, effectiveness of operations and staffing managers. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: Submitted complete evaluation forms of each training and certificates to Human Resources. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be the total number of trainings offered annually.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northeast Delta HSA to see what types of trainings are needed to support our staff.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the Human Resource Officer.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of prevention related community engagements.

LaPAS PI Code: New

1. Type and Level: This is an output indicator and the level is Key Performance Indicator.

2. Rationale: This will allow Northeast Delta HSA to view how many activities outside the school based curriculum programs are being completed within the community utilizing CSAP's six prevention strategies as a guide. This is a valid measure of performance to assess the range and availability of appropriate prevention programs.

3. Use: This indicator will be used in management decision making so we can assess the effectiveness and usefulness of the program.

4. Clarity: This indicator clearly identifies what is being measured and does not need any clarification.

5. Accuracy, Maintenance, and Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program submits information regularly on the PMIS or Prevention Management and Information Services which is rolled up on a quarterly basis.

6. Data Source, Collection and Reporting: Each prevention program has to submit information on a monthly basis of how many CSAP strategies that they have participated in. The prevention monitor also monitors quarterly for adherence to their contracts. PMIS or Prevention Management Information System reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily.

7. Calculation Methodology: The total count of community individuals receiving one or more of the six CSAP strategies.

8. Scope: This indicator is the sum of smaller parts because we collect information on a monthly/quarterly basis we can easily see how well each program is doing.

9. Caveats: This indicator does not have limitations or weaknesses.

10. Responsible Person: The responsible person for collecting this information is our prevention staff member. Each prevention program has someone who collects the information and submits it to the prevention staff member who also monitors the program.

09 – 320 OFFICE OF AGING AND ADULT SERVICES

PROGRAM A: ADMINISTRATION, PROTECTION AND SUPPORT

Principal Customers/Users of the Program and Benefits: This program is responsible for long-term care of the elderly and persons with adult onset disabilities, and for protective services to adults with disabilities. The principal clients and users are Louisiana citizens in need of and seeking options for long-term care services. A priority of this program has been the diversification of a system in which, for many years, institutions were the only option for long-term care. Principal customers of the long-term care services available through this program are Medicaid recipients who are age 65 years or older, or individuals 22 years of age or older who are disabled as defined by the Social Security Administration. Principal customers of the protective services provided under this program are individuals with disabilities aged 18 and older who experience, or who are at risk of, abuse, neglect, or financial exploitation.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Internal factors that could affect the achievement of goals and objectives include the level and qualifications of staff, agency priorities, and coordination/cooperation between agencies of the Department.

Several external factors have significant influence on our ability to achieve the goals and objectives as stated. Primary factors are the appropriation of funding, changes in federal rules and regulations, utilization of services by recipients, growth or expansion of the eligible population, shifts in state demographics, state economy and unemployment rate, medical inflation rate, participation rates of medical providers, and changes in Legislative priorities. It should be noted that the majority of customers who are eligible for and receive services through this program are older adults; a population that is expected to grow dramatically over the next several decades. It is certain that need and demand for services provided through this program will continue to grow.

Methods Used to Avoid Duplication of Effort: Weekly meetings of executive management are held to effectively coordinate the services being provided and ensure that services are not being duplicated. Periodic meetings are held to examine the mission, goals, objectives and strategies of the various services/waivers with emphasis on ensuring that both funding and resources are maximized and not duplicated. Executive management meets regularly with internal and external partners including, for instance, Bureau of Health Services Financing/Medicaid and Governor's Office of Elderly Affairs.

Program Evaluations Used to Develop Goals, Objectives and Strategies: Program evaluations include the review and evaluations of management reports, conferences with recipient and provider associations, planning and policy development sessions, customer satisfaction/experience surveys, and ongoing assessments to review progress in meeting performance standards.

Program A Goals:

1. Achieve and maintain a legally compliant and appropriately balanced LTSS system which assures choice within a sustainable, cost-effective continuum of community-based services and facility-based services.
2. Improve access, quality and outcomes for populations receiving and at risk of needing long-term supports and services.
3. Ensure vulnerable adults are protected from abuse and neglect while living in community settings.
4. Provide specialized facility-based care to persons whose needs are difficult to meet in private facilities.
5. Administer and operate OAAS programs in a cost-effective manner while achieving high quality outcomes.

Statutory Authority for Goal: Senate Bill No. 562/House Bill No. 638 of the Regular Session, 2006, amended and reenacted Section 2,R.S. 36:251(C)(1) and 258(F) of The Constitution of Louisiana (1974) to establish the Office of Aging and Adult Services within the Louisiana Department of Health. This program is responsible for the protection and long-term care of the elderly and persons with adult onset disabilities.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 1: Executive Administration

OBJECTIVE I: Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by 2022.

INDICATOR NAME: Percentage of OAAS Performance Indicators that meet or exceed quarterly performance standards.

LaPAS PI Code: 24134

1. **Type and Level:** Outcome - Key
2. **Rationale:** This indicator measures the overall impact that the Executive Administration Activity has on the total Agency, in its role of providing programmatic expertise on aging and disability issues to LDH executive management, carrying out legislative directives, and directing implementation of long term reforms and program improvements.
3. **Use:** This indicator allows Executive Management to view the overall success of the Agency's various programs/activities, and to aid in the determination of strengths and weaknesses within those programs/activities.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and uses data from LaPAS as reported by the Agency for its programs as required by statute.
6. **Data Source, Collection and Reporting:** Indicator utilizes data from program managers that is entered into the LaPAS system quarterly as required by statute.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of Agency PIs that meet or exceed quarterly performance targets by the total number of PIs for the Agency.
8. **Scope:** Indicator is aggregated; it includes PIs from all Programs within the Agency.
9. **Caveats:** Budgetary reductions/limitations can adversely impact this indicator should measured Activities not be adequately funded/lose funding during the year.
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration Protection, and Support

ACTIVITY 1: Executive Administration

OBJECTIVE I: Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by 2022.

INDICATOR NAME: Administrative cost as percentage of service cost.

LaPAS PI Code: 24135

1. **Type and Level:** Efficiency - Key
2. **Rationale:** Executive Administration seeks to carry out its function at a modest and reasonable administrative cost. Comparable national statistics for administration of Medicaid programs indicate a range of 5-10%.
3. **Use:** This indicator allows Executive Management to see how cost-efficiently it can plan, manage, and direct all other Activities of the Agency and still achieve good outcomes.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and uses data from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems. These systems are routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems.
7. **Calculation Methodology:** Indicator is calculated by dividing the total dollar amount of costs related to Administration by the total dollar amount of service costs for programs operated by the agency.
8. **Scope:** Indicator is aggregated; it includes costs from all programs operated by the Agency.
9. **Caveats:** Indicator uses service expenditures that are not all directly within the OAAS budget as OAAS authorizes nursing home admissions and operates community-based programs funded via Medicaid.
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wagner@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE II: Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2022.

INDICATOR NAME: Percentage of Medicaid spending for elderly and disabled adult long-term care that goes towards community-based services as compared to nursing homes.

LaPAS PI Code: 24137

1. **Type and Level:** Outcome – Key
2. **Rationale:** The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on “institutional-based” nursing home care. This indicator demonstrates the success of that effort through the comparison of total Medicaid expenditures for the two types of LTC services. It can also be used as a benchmark against state-by-state federal data and national averages.
3. **Use:** Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of funds for LTC services for the elderly and to make appropriate adjustments. This indicator may also be used to assess program performance and eligibility for enhanced federal match under the provisions of federal health care reform.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and determined to be reliable. Indicator utilizes data from the state ISIS financial accountability systems and Medicaid MMIS financial system, which is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Indicator is calculated by dividing the total dollar amount of Medicaid LTC expenditures related to community-based care for aging and adults with disabilities, by the total amount of Medicaid LTC expenditures related to both community-based care and institutional care for aging and adults with disabilities.
8. **Scope:** Indicator is aggregated; it includes Medicaid expenditures for all LTC services for the OAAS target population.
9. **Caveats:** None

**10. Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839;
Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE II: Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2022.

INDICATOR NAME: Average expenditure per person for community-based long term care as a percentage of the average expenditure per person for nursing home care.

LaPAS PI Code: 24138

1. **Type and Level:** Efficiency – Key
2. **Rationale:** The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on “institutional-based” nursing home care. This indicator demonstrates the success of that effort through the comparison of the average expenditure per person of Medicaid dollars for the two types of LTC services.
3. **Use:** Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of funds for services for the elderly and to make appropriate adjustments.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and determined to be reliable. Indicator utilizes data from the state ISIS financial accountability system and Medicaid MMIS financial system, which is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Indicator is calculated by: 1) dividing the total dollar amount of Medicaid expenditures related to community-based care for the aging and adults with disabilities, by the total number of clients served in community-based care; 2) dividing the total dollar amount of Medicaid expenditures related to nursing home care, by the total number of clients served in nursing homes; 3) dividing the result of #1 by the result of #2.
8. **Scope:** Indicator is aggregated; it includes Medicaid expenditures for all LTC services for the OAAS target population.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE II: Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2022.

INDICATOR NAME: Percentage of participants receiving Medicaid long term care in the community rather than nursing homes.

LaPAS PI Code: 25059

1. **Type and Level:** Outcome – Key
2. **Rationale:** The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on “institutional-based” nursing home care. This indicator demonstrates the success of that effort through the comparison of the percentage of participants receiving the two types of LTC services.
3. **Use:** Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of where participants are receiving their LTC services and to make appropriate adjustments if needed.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator utilizes data from the Medicaid MMIS financial system that is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Indicator is calculated by: 1) number of participants receiving LTC services through a Medicaid funded HCBS program 2) the number of participants receiving LTC services in a nursing home 3) divide the result of #1 by the sum of #1 and #2.
8. **Scope:** Indicator is aggregated; it includes all participants receiving Medicaid funded LTC services for the OAAS target population.
9. **Caveats:** People can move between HCBS and nursing home services. Participants receiving both HCBS and nursing home services within the measured time period will be counted twice in the denominator.
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE II: Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2022.

INDICATOR NAME: Program operation cost as a percentage of Medicaid service cost.

LaPAS PI Code: 24139

1. **Type and Level:** Efficiency – Supporting
2. **Rationale:** This indicator demonstrates the cost of operating programs under OAAS purview as a percentage of the cost of the services provided.
3. **Use:** The indicator allows OAAS to see how cost-effective/efficiently it is able to deliver services to its clients.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and found reliable. Indicator utilizes data from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems. Each of the systems is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems.
7. **Calculation Methodology:** Indicator is calculated by dividing the program administration cost by the combined costs for administration and services.
8. **Scope:** Indicator is aggregated; it includes all OAAS program and administrative costs under Activity 2, which includes 3 divisions of OAAS responsible for planning, operating, and monitoring OAAS community-based programs and nursing facility admissions.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE III: Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2022.

INDICATOR NAME: Number on registries for OAAS HCBS waivers.

LaPAS PI Code: 24144

1. **Type and Level:** -Outcome – Key
2. **Rationale:** This indicator reflects the need for waiver services by clients that have not begun receiving services.
3. **Use:** This indicator will allow OAAS to provide data to demonstrate the need for additional waiver slots/funding.
4. **Clarity:** HBCS – Home and Community Based Services.
5. **Validity, Reliability and Accuracy:** This indicator was audited in 2011 and determined to be reliable.
6. **Data Source, Collection and Reporting:** Waiver registry data is maintained by the Medicaid contractor; Statistical Resources, Inc. (SRI) for all OAAS HCBS waivers.
7. **Calculation Methodology:** Simple count of persons on OAAS HCBS waiver registries.
8. **Scope:** Indicator is aggregated; includes all OAAS HCBS waiver registries statewide.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE III: Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2022.

INDICATOR NAME: Percentage on registries for OAAS HCBS waivers who are receiving other Medicaid LTC.

LaPAS PI Code: 24145

1. **Type and Level:** Efficiency – Key
2. **Rationale:** This indicator demonstrates the effectiveness of providing alternative services while the client is on the waiver registry.
3. **Use:** This indicator allows OAAS to see how effective other Medicaid resources are being utilized while clients are awaiting waiver services and to help differentiate between clients waiting for waiver services who are not receiving any other services and those that are receiving some form of Medicaid-funded long-term care.
4. **Clarity:** HBCS – Home and Community Based Services.
5. **Validity, Reliability and Accuracy:** This indicator was audited in 2011 and determined to be reliable.
6. **Data Source, Collection and Reporting:** Waiver registry data and prior authorization data is maintained by the Medicaid contractor; Statistical Resources, Inc., and through the Medicaid (MMIS) financial system. Waiver registrant data is compared to prior authorization and/or eligibility data for individuals authorized to receive other forms of Medicaid-funded HCBS.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of clients on the OAAS HCBS waiver registry that are approved to receive other Medicaid HCBS services, by the total number of clients on the OAAS HCBS waiver registry.
8. **Scope:** Indicator is aggregated; includes all OAAS HCBS waiver registries statewide.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE III: Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2022.

INDICATOR NAME: Number served in all OAAS HCBS programs.

LaPAS PI Code: 24146

1. **Type and Level:** Output - Supporting
2. **Rationale:** This indicator measures the total number of clients served by HCBS in the Long-Term Care activity.
3. **Use:** This indicator allows OAAS to assess the effectiveness of the Long-Term Care activity in reaching its objective of providing HCBS to clients.
4. **Clarity:** HBCS – Home and Community Based Services.
5. **Validity, Reliability and Accuracy:** Indicator has not been audited.
6. **Data Source, Collection and Reporting:** Prior Authorization data is maintained by the Medicaid contractor; Statistical Resources, Inc., and the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Information is reported semi-annually and includes the unduplicated count of clients served.
8. **Scope:** Indicator is aggregated; includes all HCBS waiver registries statewide.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 2: Elderly and Adults with Disabilities Long Term Care

OBJECTIVE IV: To facilitate timely access to nursing facilities for eligible applicants through 2022.

INDICATOR NAME: Percentage of nursing home admissions applications processed within established timeframes.

LaPAS PI Code: 24143

1. **Type and Level:** Efficiency – Key
2. **Rationale:** This indicator measures the ability of OAAS to meet established timelines for client entry into the service system.
3. **Use:** This indicator measures the agency's response to initial requests for services.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Only those entry requests that meet established timelines are included. Indicator was audited in 2011 and issues found in audit have been addressed.
6. **Data Source, Collection and Reporting:** Data on application start and completion dates is obtained from the OAAS automated system for nursing facility applications; Telesys.
7. **Calculation Methodology:** Divides the number of admissions requests processed (approved or denied) within the established timeframes by the total number of applications received.
8. **Scope:** Indicator is aggregated; includes all applications received statewide.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 3: Permanent Supportive Housing (PSH)

OBJECTIVE V: Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of elders and persons with disabilities through 2022.

INDICATOR NAME: Percentage of participants who remain stabilized in the community.

LaPAS PI Code: 24148

1. **Type and Level:** Outcome – Key
2. **Rationale:** The ability of clients to remain stable once they have moved from or avoided an institutional or acute setting or homelessness is an essential part of this programs success.
3. **Use:** This indicator measures the effectiveness of the Permanent Supportive Housing activity to reduce acute/institutional care and homelessness among disabled individuals in the state. It is also used to report program performance to the federal funder; HUD.
4. **Clarity:** Participants are counted as remaining stabilized in the community if they retain their PSH housing or transition to other community housing. Participants are not counted as stabilized if they are evicted, incarcerated, or re-institutionalized.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and found to be reliable.
6. **Data Source, Collection and Reporting:** Data is collected and maintained by Permanent Supportive Housing (PSH) and Louisiana Housing Corporation staff through the YARDI data management system.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of clients in the program that remain stabilized in the community, by the total number of clients in the program.
8. **Scope:** Indicator is aggregated for LDH PSH Program.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 3: Permanent Supportive Housing (PSH)

OBJECTIVE V: Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of elders and persons with disabilities through 2022.

INDICATOR NAME: Percentage of participants who obtain a source of, or increase in, income.

LaPAS PI Code: 24149

1. **Type and Level:** Outcome – Key
2. **Rationale:** The ability of clients to be gainfully employed, increase their wages, or obtain a source of stable income including SSI disability benefits once they have moved from an institutional or homeless setting into community-integrated housing is an essential part of this programs success.
3. **Use:** This indicator measures the effectiveness of the Permanent Supportive Housing activity to improve the quality of life of participants. It is also used to report program performance to the federal funder; HUD.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and found to be reliable.
6. **Data Source, Collection and Reporting:** Data is collected and maintained by Permanent Supportive Housing (PSH) and Louisiana Housing Corporation staff through the YARDI data management system.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of clients who obtain or increase income during program participation by the total number of clients in the program.
8. **Scope:** Indicator is aggregated for the LDH PSH Program.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 4: Traumatic Head and Spinal Cord Injury (TH/SCI) Trust Fund

OBJECTIVE VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to improve their level of functioning and independence in their community; and to serve as many as possible at the current level of funding via improved mission alignment.

INDICATOR NAME: Percentage of THSCI Trust Fund expenditures going to direct services.

LaPAS PI Code: 25158

1. **Type and Level:** Output – Key
2. **Rationale:** The majority of funds collected from fees imposed on DWI, reckless operation and speeding ticket violations in the State of Louisiana are to be used to directly assist persons with Traumatic Head and/or Spinal Cord Injuries.
3. **Use:** This indicator is used to determine the effectiveness of program administration to ensure funds are being spent as they were intended or if there is room for improvement.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Validity, Reliability and Accuracy:** Cost data is obtained from the state ISIS financial accountability system. ISIS tracks all program expenditures which are reviewed monthly, quarterly and annually by program staff.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the state ISIS financial accountability system.
7. **Calculation Methodology:** Total direct services expenditures are divided by the total program expenditures.
8. **Scope:** This is a statewide number based on all funds going towards direct care services versus all funds spent for the program.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 4: Traumatic Head and Spinal Cord Injury (TH/SCI) Trust Fund

OBJECTIVE VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to improve their level of functioning and independence in their community; and to serve as many as possible at the current level of funding via improved mission alignment.

INDICATOR NAME: Number of people served by the THSCI Trust Fund.

LaPAS PI Code: 3367

1. **Type and Level:** Output – Supporting
2. **Rationale:** This indicator measures the number of persons currently being served by the Traumatic Head and Spinal Cord Injury Trust Fund.
3. **Use:** This indicator is used to determine the number of persons being served under the current funding level. It is used by management in conjunction with other data to determine service needs.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Validity, Reliability and Accuracy:** The number of people served is a known number.
6. **Data Source, Collection and Reporting:** Data is maintained in the AWARE case management tracking system and obtained as needed for quarterly and annual reporting.
7. **Calculation Methodology:** This number is a simple count of the number of person approved for services whose cases are open in the Traumatic Head and Spinal Cord Injury Trust Fund Program.
8. **Scope:** This is a statewide number and includes all individuals who are receiving Trust Fund services.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 4: Traumatic Head and Spinal Cord Injury (TH/SCI) Trust Fund

OBJECTIVE VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to improve their level of functioning and independence in their community; and to serve as many as possible at the current level of funding via improved mission alignment.

INDICATOR NAME: Number of people on the waiting list for THSCI Trust Fund assistance.

LaPAS PI Code: 8294

1. **Type and Level:** Input – General
2. **Rationale:** This indicator measures the number of individuals who have requested and are eligible for services, but who have not yet entered the program because their cases haven't been opened due to budget constraints. It assists in planning and helps to define unmet needs.
3. **Use:** This indicator is used to track the number of individuals requesting Trust Fund assistance/services and to assist in long-term planning.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Validity, Reliability and Accuracy:** The number of people on the waiting list for services is a known number based on the records maintained by program staff.
6. **Data Source, Collection and Reporting:** Program records are maintained by THSCI program staff and are updated as new applications are approved or staff are notified that clients who are waiting for services no longer qualify.
7. **Calculation Methodology:** This number is a simple count of persons who have applied and are waiting for Trust Fund assistance/services.
8. **Scope:** This is a statewide number and includes all individuals on the waiting list for Trust Fund services.
9. **Caveats:** None
10. **Responsible Person:** Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 5: Protective Services

OBJECTIVE VII: The Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for adults with disabilities who are being mistreated or in danger of being mistreated and who are unable to protect themselves.

INDICATOR NAME: Percentage of investigations completed within established timelines

LaPAS PI Code: 7995

1. **Type and Level:** Efficiency - Key
2. **Rationale:** Prompt investigations is critical to determining validity of reports and initiating effective interventions.
3. **Use:** This indicator is used to ensure timely response to reports, and in conjunction with other indicators, to monitor staff caseloads.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011. Issues with calculation have been addressed. Records are verified through quarterly Quality Assurance reviews by the QA and Data Management Team.
6. **Data Source, Collection and Reporting:** Investigators enter data into the LDH Online Tracking System and their supervisors review and approve for closure. Data is collected on an on-going basis and reported monthly or ad hoc; as needed.
7. **Calculation Methodology:** The number of investigations completed quarterly within the timelines established by policy divided by the total number of investigations completed each quarter.
8. **Scope:** Indicator is aggregated; it includes all investigations.
9. **Caveats:** None
10. **Responsible Person:** Sharon Jackson, 225-342-9063, Sharon.Jackson@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 5: Protective Services

OBJECTIVE VII: The Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for adults with disabilities who are being mistreated or in danger of being mistreated and who are unable to protect themselves.

INDICATOR NAME: Percentage of cases requiring a service plan that were closed

LaPAS PI Code: 25607

1. **Type and Level:** Output - Key
2. **Rationale:** The development and implementation of service plans for those investigations wherein service plans are required provides the needed referrals and implementation of services to reduce the level of risk of harm to individuals.
3. **Use:** This indicator is used to determine the total number of investigations that required a service plan in correlation with the total number of investigations wherein service plans were implemented.
4. **Clarity:** This indicator captures unsubstantiated cases with concerns and substantiated cases.
5. **Validity, Reliability and Accuracy:** Records are verified through quarterly Quality Assurance reviews by the QA and Data Management Team.
6. **Data Source, Collection and Reporting:** Investigators enter data into the LDH Online Tracking System and their supervisors review and approve for closure. Data is collected on an on-going basis and reported monthly or ad hoc; as needed.
7. **Calculation Methodology:** The actual number of cases where service plans were implemented is divided by the total number of cases requiring a service plan.
8. **Scope:** Indicator is aggregated; it includes all cases requiring a service plan.
9. **Caveats:** This indicator includes clients requiring a service plan but refusing services.
10. **Responsible Person:** Sharon Jackson, 225-342-9036, Sharon.Jackson@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration, Protection and Support

ACTIVITY 5: Protective Services

OBJECTIVE VII: The Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for adults with disabilities who are being mistreated or in danger of being mistreated and who are unable to protect themselves.

INDICATOR NAME: Number of clients served

LaPAS PI Code: 7994

1. **Type and Level:** Output - Key
2. **Rationale:** Provides direct indicator of number of persons with disabilities reached by agency services each quarter.
3. **Use:** Used in conjunction with the number of cases assigned to help determine the number of repeat clients.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Validity, Reliability and Accuracy:** Indicator was audited in 2011 and found to be reliable.
6. **Data Source, Collection and Reporting:** The LDH Online Incident Tracking System collects the data on an on-going basis and is reported monthly, and ad hoc; as needed.
7. **Calculation Methodology:** This is the unduplicated count of the number of persons for whom investigations have been completed and plans developed as collected through the LDH Online Incident Tracking System.
8. **Scope:** Indicator is aggregated; it includes all clients served.
9. **Caveats:** This indicator does not reflect agency performance. It is not something that is within our control.
10. **Responsible Person:** Sharon Jackson, 225-342-9063, Sharon.Jackson@LA.gov.

PROGRAM B: VILLA FELICIANA MEDICAL COMPLEX

Principal Customers/Users of the Program and Benefits: This program is responsible for providing specialized care and rehabilitative services to medically complex residents at this state owned and operated Medicare and Medicaid certified, 24/7 long-term care facility. The principal clients and users are Louisiana citizens in need of nursing home care. Principal customers of nursing home care through this program are Medicaid recipients who are age 65 years or older, or individuals 22 years of age or older who are disabled as defined by the Social Security Administration.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Internal factors that could affect the achievement of goals and objectives include the level and qualifications of staff, location of facility and pay for staff, high staff turnover and coordination/cooperation between agencies of the Department and across the state.

Several external factors have significant influence on our ability to achieve the goals and objectives of this program. Primary factors are the appropriation of funding, changes in federal rules and regulations and changes in Legislative priorities.

Methods Used to Avoid Duplication of Effort: Weekly meetings of executive management are held to effectively coordinate the services being provided and ensure that services are not being duplicated. Periodic meetings are held to examine the mission, goals, objectives and strategies of the various services/waivers with emphasis on ensuring that both funding and resources are maximized and not duplicated.

Program Evaluations Used to Develop Goals, Objectives and Strategies: Program evaluations include the review and evaluations of management reports, planning and policy development sessions, customer satisfaction/experience surveys, and ongoing assessments to review progress in meeting performance standards.

Program B Goals:

1. Provide management leadership and administrative support necessary for the delivery of resident care services.
2. Administer and manage resident care in a manner that ensures compliance with applicable standards of care.
3. Provide quality health care services to residents through the identification of need and efficient and effective delivery of services.

Statutory Authority for Goal: Senate Bill No. 562/House Bill No. 638 of the Regular Session, 2006, amended and reenacted Section 2, R.S. 36:251(C) (1) and 258(F) of The Constitution of Louisiana (1974) established the Office of Aging and Adult Services within the Louisiana Department of Health. RS 28:22.7 transferred Villa Feliciana Medical Complex to OAAS to administer this residential state-operated nursing home.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana Medical Complex

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE 1: To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through 2022.

INDICATOR NAME: Percent compliance with CMS certification standards

LaPAS PI Code: 8010

1. **Type and Level:** Outcome - Key
2. **Rationale:** To measure the degree of compliance of the program with CMS long term care requirements.
3. **Use:** Provides a measure of the degree of compliance of programs operations with CMS standards at annual inspection.
4. **Clarity:** CMS is the federal Centers for Medicare and Medicaid Services which sets standards for nursing facilities that receive Medicare and Medicaid reimbursement.
5. **Validity, Reliability and Accuracy:** The indicator is based on the LDH Health Standards annual on-site inspection and review.
6. **Data Source, Collection and Reporting:** The data source is the official annual inspection report.
7. **Calculation Methodology:** The number of CMS standards the program is in compliance with at the annual inspection is divided by the number of standards (tag numbers) in the CMS Long Term Care Survey Book. There are presently 533 standards.
8. **Scope:** Indicator is aggregated; it includes all CMS Long Term Care standards.
9. **Caveats:** This is the percentage of standards that the program is in compliance with, and does not include a weighting of significance of individual standards.
10. **Responsible Person:** Mark Anders, LTC Hospital Administrator
(225) 634-4017, Mark.Anders@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana Medical Complex

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE I: To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through 2022.

INDICATOR NAME: Staff/client ratio

LaPAS PI Code: 2287

1. **Type and Level:** Input – Supporting
2. **Rationale:** To measure the number of staff employed by the program in relation to the number of persons receiving services.
3. **Use:** Provides a ready indicator of the ratio of employees to patients at the end of each reporting period.
4. **Clarity:** Staff = the paid FTE (full-time equivalent staff) count as reported to LDH Budget from Human Resources, which is the FTE paid from salaries and other compensation at the end of the last pay period of each reporting period. Clients = the midnight patient census on the last day of each reporting period.
5. **Validity, Reliability and Accuracy:** Reliability is high. Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, collection and Reporting:** Staff numbers come from the online Human Resources data system and is obtained quarterly and annually. Client numbers are obtained from Medical Records staff monthly.
7. **Calculation Methodology:** Paid FTE count at the end of the reporting period divided by the patient census on the last day of the reporting period.
8. **Scope:** Disaggregated; this is a point in time measure of the staff to patient ratio.
9. **Caveats:** This is a snapshot of the staff to patient ratio at a given point in time, not an average for the reporting period.
10. **Responsible Person:** Mark Anders, LTC Hospital Administrator
(225) 634-4017, Mark.Anders@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciano Medical Complex

ACTIVITY: Villa Feliciano Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2022.

INDICATOR NAME: Cost per client day

LaPAS PI Code: 2289

1. **Type and Level:** Efficiency – Supporting
2. **Rationale:** Provides an ongoing and cumulative measure of the operating costs per patient day of care.
3. **Use:** Provides a measure of changes in program costs over time. Can also be used to compare program costs with other programs that provide a comparable range of services.
4. **Clarity:** Costs include operating expenses as reported by the state ISIS financial accountability system.
5. **Validity, Reliability and Accuracy:** Reliability is high. Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Census is obtained from Medical Records data and costs are obtained from the state ISIS financial accountability system. Both of these numbers are reported daily in real time; the indicator is calculated quarterly and annually based on that data.
7. **Calculation Methodology:** Total year-to-date operating costs are divided by the total number of days of care provided in the same period.
8. **Scope:** Disaggregated.
9. **Caveats:** Comparisons to other programs should ensure that similar programs are uniform; including the acuity of patients, and the range, quality, and comprehensiveness of services reflected in the operating cost. Short term variations can occur when measured quarterly.
10. **Responsible Person:** Mark Anders, LTC Hospital Administrator
(225) 634-4017, Mark.Anders@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana Medical Complex

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2022.

INDICATOR NAME: Average daily census

LaPAS PI Code: 2292

1. **Type and Level:** Output – Key
2. **Rationale:** Measures the average number of persons receiving inpatient service on a daily basis during the reporting period.
3. **Use:** Provides a measure of recent trends in number of persons receiving services on a daily basis.
4. **Clarity:** Census: The number of residents receiving services at a midnight count; including residents temporarily on transfer to a general hospital.
5. **Validity, Reliability and Accuracy:** Reliability is high. Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, collection and Reporting:** Census data is collected by Medical Records staff on a daily basis and is reported on a monthly, quarterly and annual basis.
7. **Calculation Methodology:** The number of patient days per census in a given period divided by the number of days in the same period.
8. **Scope:** This number is aggregated; it includes all clients served during the reporting period.
9. **Caveats:** None
10. **Responsible Person:** Mark Anders, LTC Hospital Administrator
(225) 634-4017, Mark.Anders@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciano Medical Complex

ACTIVITY: Villa Feliciano Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2022.

INDICATOR NAME: Total clients served

LaPAS PI Code: 10052

1. **Type and Level:** Output – Key
2. **Rationale:** Measures the total number of persons who receive services through the program.
3. **Use:** Provides the total number of residents served. Coupled with the number of admissions, it provides a relative indicator of resident movement through the program
4. **Clarity:** Residents who are briefly hospitalized outside of the program, and who are not discharged, are counted as served.
5. **Validity, Reliability and Accuracy:** Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Census data is collected by Medical Records staff on a daily basis and is reported on a monthly, quarterly and annual basis.
7. **Calculation Methodology:** Number of clients at the beginning of the reporting period plus new admissions during the period.
8. **Scope:** This number is aggregated; it includes all clients served.
9. **Caveats:** None
10. **Responsible Person:** Mark Anders, LTC Hospital Administrator
(225) 634-4017, Mark.Anders@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana Medical Complex

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2022.

INDICATOR NAME: Occupancy rate

LaPAS PI Code: 2288

1. **Type and Level:** Efficiency – Key
2. **Rationale:** Measures utilization of staffed bed capacity during a reporting period and reflects on the need for long term care services.
3. **Use:** Provides information on the overall utilization of facility services measured by the number of days of care provided.
4. **Clarity:** Staffed beds are the number of beds funded for operation in the reporting period. The indicator is defined in relation to staffed, not licensed, beds.
5. **Validity, Reliability and Accuracy:** Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Based on census information and the number of staffed beds. Census data is reported daily by Medical Records; indicator is calculated quarterly and annually.
7. **Calculation Methodology:** Patient days divided by (staffed beds x days in reporting period)
8. **Scope:** This number is aggregated; it includes all clients served.
9. **Caveats:** None
10. **Responsible Person:** Mark Anders, LTC Hospital Administrator
(225) 634-4017, Mark.Anders@LA.GOV

PROGRAM: Louisiana Emergency Response Network Board

ACTIVITY: Louisiana Emergency Response Network Board

Principle Customers/Users of the Program and Benefits: Persons who are the victims of traumatic injury in all parts of the state are the primary users of the Louisiana Emergency Response Network. With Louisiana being primarily a rural state, the availability of definitive care within an hour of injury is reduced without the resource management offered by LERN.

Potential Internal/External Factors that Could Significantly Affect the Achievement of Goals or Objectives in this Program: The development of a statewide trauma system and systems for stroke and STEMI requires collaboration between internal and external partners, including a wide range of private and public entities. An integral part of the development of these systems is the education needed to increase the resource base in the hospital and pre-hospital provider base. Funding is an important aspect of LERN's ability to offer education to physicians, hospitals, EMS agencies, etc. and therefore an important aspect that could significantly affect the goal of LERN to coordinate, develop and implement a statewide system of trauma care.

Method Used to Avoid Duplication of Effort: LERN is developing an integrated system of trauma, stroke and STEMI care and therefore, is the method used to avoid duplication of effort. The victims of traumatic injury, stroke or STEMI, through the communication between the healthcare provider and the LERN Call Center, are able to obtain definitive care at the closest appropriate facility without the need to attempt care in multiple facilities prior to arriving at the correct hospital. Our secondary transfer rate is an indicator of our success on this front.

Program Evaluations Used to Develop Goals, Objectives and Strategies: LERN has engaged consultants to present best practice research that was formulated using the experiences of others state who have developed successful trauma networks. Additionally, LERN engaged the American College of Surgeons Committee on Trauma to do an assessment of the trauma resources in Louisiana and with these studies as well as the expertise of the LERN Board, which is comprised of subject matter experts in all areas of trauma care and trauma system development, the LERN staff has been able to develop goals and objectives which are approved by the LERN Board. The addition of stroke and STEMI Medical Directors have helped LERN develop goals and objectives for those time-sensitive illnesses.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Monitoring & Evaluation Process:

In order to monitor and evaluate LERN's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. In addition, recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to

determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Louisiana Emergency Response Network Board

ACTIVITY: Louisiana Emergency Response Network Board

OBJECTIVE: I.1: Decrease the percentage of risk adjusted trauma-related deaths by 5% by June 30, 2019.

Indicator Name: Reduction in Trauma Related Morbidity and Risk Adjusted Mortality Rate for Louisiana

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** This indicator will allow LERN to show the outcome of its efforts to establish a statewide trauma system.
3. **Use:** This indicator will be used to indicate reduction of trauma related morbidity and risk adjusted mortality rates in Louisiana.
4. **Clarity:** The indicator will clearly identify the outcome achieved by the development of a statewide trauma system.
5. **Validity, Reliability and Accuracy:** LERN will utilize the data obtained from the statewide trauma registry once established to determine the decreases in each area.
6. **Data Source, Collection and Reporting:** The statewide trauma registry will be the source of data.
7. **Calculation Methodology:** LERNs patient data registry is currently not all-inclusive. We have data from 4 hospitals. Without inclusive data we cannot make absolute assumptions related to decreases in trauma related deaths. This will be a project for future years.
8. **Scope:** The indicator will be able to be broken down into many components of information which can be used by policy makers to affect further a reduction in mortality and morbidity.
9. **Caveats:** The establishment of a state trauma registry requires additional funding for management and maintenance. As LERN identifies additional non-state funding, then resources can be directed to this necessary project. Additionally, the 2010 Legislative Session granted data protection to LERN. This was the first step to beginning the process for a trauma registry.
10. **Responsible Person:** Chris Hector, Administrative Director
Phone: 225-756-3499
Fax: 225-756-3429
Chris.Hecotr@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

Objective II.1: To reduce the total percentage of LERN's budget devoted to administrative costs by 3% per year through June 30, 2019.

Indicator Name: Administrative Costs as a Total Percentage of the Overall LERN Budget

LaPAS PI Code: None

1. **Type and Level:** Efficiency
2. **Rationale:** This indicator allows LERN to show its efforts reduce administrative costs to utilize its funding for the development of the trauma system for the benefit of the citizens.
3. **Use:** This indicator will show the percentage of total budget used in the development of a statewide trauma system.
4. **Clarity:** Yes. There is no jargon or acronyms that need clarification.
5. **Validity, Reliability and Accuracy:** Reports from the established trust fund and from any funds appropriated by the Legislature will be used to show expenditures by Object Category. These Object Categories can be used to identify administrative costs compared to non-administrative costs.
6. **Data Source, Collection and Reporting:** The expenditures of the Trust Fund established in the State Treasury and the expenditure of State General Funds appropriated by the Legislature will be the source for reporting this indicator.
7. **Calculation Methodology:** The calculation will be based on the total budget for LERN with percentages calculated for Administrative and non-administrative costs.
8. **Scope:** The indicator can further be broken down into the different Object Categories such as Salaries, Operating Services, Professional Services, etc.
9. **Caveats:** The goal is to decrease LERN's Administrative Costs as a percentage of its total budget allowing more funds to be used in the development of a statewide trauma system. If non-state funds are not available to the extent needed to further the development of a statewide trauma system, then maintenance of the current system will require a greater percentage of the overall budget.
10. **Responsible Person:** Carolyn Barr, Program Manager
Phone: 225-756-3421
Fax: 225-756-3429
Carolyn.Barr@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Non-State Dollars Generated to Support LERN

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** This indicator allows LERN to show its efforts to find dedicated funding streams to support the development of a statewide trauma system with relying on State general Fund dollars.
3. **Use:** This indicator will be used to indicate the percentage of non-state funds to State General Funds.
4. **Clarity:** The indicator clearly identifies the resources available to LERN apart from State General Fund dollars.
5. **Validity, Reliability and Accuracy:** A Trust Fund in the State Treasury has been authorized by the Legislature in the 2010 Regular Session. Funding from non-state sources will be deposited in this fund. These funds will be used in support of LERN.
6. **Data Source, Collection and Reporting:** The balance of the Trust Fund established in the State Treasury and the State General Funds appropriated by the Legislature will be the source for reporting this indicator.
7. **Calculation Methodology:** The calculation will be based on the total budget for LERN with percentages calculated for non-state funds and State General Funds.
8. **Scope:** The indicator can further be broken down into the different sources for the non-state dollars, such as grants, donations, etc.
9. **Caveats:** The goal is to decrease LERN's dependence on State General Funds. If non-state funds are not available to the extent needed by LERN to continue its development of the legislatively mandated statewide trauma system, LERN will continue to require State General Funds.
10. **Responsible Person:** Carolyn Barr, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Objective III.1: Through the LERN Central Office and Call Center Operations Activity, continue the operational activity of the LERN Central Office and the LERN Call Center located in Baton Rouge to encompass 100% of the citizens of Louisiana in directing the transport of traumatically injured patients to definitive care within sixty minutes of injury each year through June 30, 2019.

Indicator Name: Percentage of Louisiana citizens covered by the LERN network

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** LERN is the lead agency responsible for the development of a trauma network for the state of Louisiana. In the absence of trauma centers LERN sought to enlist hospital and EMS providers who would cooperatively work with LERN to provide specialty services when available (general surgery, neurosurgery, orthopedic surgery) and efficiently transport trauma patients to these facilities. This indicator reports the outcome of these efforts. It is a valid measure and tells the performance story by reporting the percentage of participating hospitals and EMS providers.
3. **Use:** This indicator is used to measure how much of the geographic population has access to the resources needed to treat traumatic injury.
4. **Clarity:** The indicator clearly identifies the request to identify resources available in the state.
5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN obtains signed agreements for participation in the Network from the agencies in each region.
6. **Data Source, Collection and Reporting:** The number of signed participation agreements is used to determine participation.
7. **Calculation Methodology:** The calculation is based on the number of LDH regions participating out of the nine possible regions.
8. **Scope:** The indicator can further be broken down into a regional analysis.
9. **Caveats:** It is the goal of LERN to encompass all agencies in the State into the Network. Once this is accomplished, then the indicator will be complete and it will be necessary to determine by different methods the level of increase of capability to respond to trauma incidents.
10. **Responsible Person:** Carolyn Barr, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of patients routed by LERN who do not require a secondary transfer for definitive care. Goal of less than 6%.

LaPAS PI Code: 22329

1. **Type and Level:** Output –Key
2. **Rationale:** The purpose of the LERN Communication Center is to facilitate trauma patients to a trauma center or in the absence of a trauma center, to the definitive care resource. Except in certain circumstances LERN should routinely route the patient to the definitive care resource and the patient should not require transfer to a higher level of care. By measuring the percentage of time that we direct a patient to a hospital and they do not have to be transferred, this tells us that we are routing correctly. Patients are getting the care they need at the first stop. We are matching patient need to the available resources which is our goal.
3. **Use:** If we fall below the goal set by the indicator it will tell us that we need to evaluate the LERN communicators compliance with our protocols. If investigation indicates that there is not a destination protocol compliance issue then we will need to re-evaluate the protocols. We should be getting the patients to the definitive care resource from pre-hospital 90% of the time. That is our job.
4. **Clarity:** Yes - There is no jargon.
5. **Validity, Reliability and Accuracy:** The indicator is valid and reliable, but it has not been audited.
6. **Data Source, Collection and Reporting:** Internal Database - Image Trend EMS Service Bridge. Collection is done daily/real time during each call fielded by the communication center. Reported monthly internally. Reported quarterly to the state on a state fiscal year.
7. **Calculation Methodology:** Numerator = # of patients meeting LERN criteria directed by communication center who did not require transfer from the first hospital to a higher level definitive care hospital / Denominator = # of patients who meet LERN criteria routed by LERN call center
8. **Scope:** Aggregated: The indicator can further be broken down into a regional analysis.
9. **Caveats:** The indicator does not have limitations. Caveats = The denominator does not include calls to the communication center regarding patients who arrive to the hospital by private vehicle and then LERN assists with transfer from ER to ER. It also does not include calls regarding patients who arrived at a hospital due to EMS discretion and then LERN was contacted to assist with the transfer to the higher level definitive care hospital. These are excluded because LERN does not have the opportunity to intervene at the time of the initial decision.
10. **Responsible Person:** Chris Hector, Administrative Director
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of traumatically-injured patients directed by LERN that are transported to an appropriate care facility within an hour of their injury

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** This indicator allows LERN to determine the percentage the population that would have access to the routing capabilities of LERN to definitive care.
3. **Use:** This indicator is used to measure the percentage of the total population that has access to the services of the LERN Network.
4. **Clarity:** The indicator clearly identifies the resources available to the citizens in the state through the LERN Network.
5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN uses the most recent US Census data by parish for each region participating in the LERN Network. In this way, LERN is able to determine the percentage of the total population who live in parishes/regions having access to LERN services.
6. **Data Source, Collection and Reporting:** The most current US Census data by parish is used to determine the percentage of Louisiana citizens covered by the LERN Network.
7. **Calculation Methodology:** The calculation is based on the percentage of citizens residing within a region which is served by LERN as compared to the total population of the state.
8. **Scope:** The indicator can further be broken down into a regional analysis as each parish is a part of a LERN Region.
9. **Caveats:** None.
10. **Responsible Person:** Chris Hector, Administrative Director
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PERFORMANCE INDICATOR DOCUMENTATION

Objective III.2: Develop a statewide system of STEMI care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include components recommended by LERN's STEMI Design the System workgroup.

Indicator Name: STEMI system physician champion appointed to each region to assist with regional presentations, education, and advocacy.

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** LERN, by legislation is required to work with the Department to develop stroke and STEMI system that are designed to promote rapid identification of, and access to, appropriate stroke and STEMI resources statewide. A key strategic initiative to achieve this goal is to enlist a cardiologist from each of the 9 regions to champion the state plan.
3. **Use:** This indicator is used to measure how much of the state has a committed and identified champion that actively works with EMS, hospitals and the public to implement the STEMI system.
4. **Clarity:** The indicator clearly identifies regionally distributed cardiology champions available in the state.
5. **Validity, Reliability and Accuracy:** The indicator is valid.
6. **Data Source, Collection and Reporting:** The number of regions with a regional physician champion.
7. **Calculation Methodology:** The calculation is based on the number of LDH regions with a physician champion.
8. **Scope:** The indicator can further be broken down into a regional analysis.
9. **Caveats:** None.
10. **Responsible Person:** Yvette Legendre, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Data registry identified and data dictionary established

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** In order to implement any system of care, data is needed to understand the impact of procedures implemented.
3. **Use:** This indicator is used determine progress towards as state STEMI Data registry.
4. **Clarity:** The indicator clearly identifies the outcome measure of establishing a data registry and data dictionary.
5. **Validity, Reliability and Accuracy:** The indicator is valid and reliable.
6. **Data Source, Collection and Reporting:** The establishment of a data dictionary with statewide input.
7. **Calculation Methodology:** The calculation is based the number of STEMI receiving centers providing data divided by the total number of STEMI receiving centers.
8. **Scope:** The indicator can further be broken down into a regional analysis.
9. **Caveats:** None
10. **Responsible Person:** Yvette Legendre, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Objective III.3: Develop a statewide system of stroke care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include final recommendations from the Stroke Design the System Workgroup relative to: Public recognition of stroke symptoms and community education, Emergency/timely evaluation of all strokes, and EMS transfer protocols to facilitate timely administration of tPA when appropriate.

Indicator Name: Stroke System physician champion appointed to each LERN region to assist with regional presentations, education, and advocacy.

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** LERN, by legislation is required to work with the Department to develop stroke and STEMI system that are designed to promote rapid identification of, and access to, appropriate stroke and STEMI resources statewide. A key strategic initiative to achieve this goal is to enlist a neurologist from each of the 9 regions to champion the state plan.
 1. **Use:** This indicator is used to measure how much of the state has a committed and identified champion that actively works with EMS, hospitals and the public to implement the Stroke system.
 2. **Clarity:** The indicator clearly identifies regionally distributed neurology champions available in the state.
 3. **Validity, Reliability and Accuracy:** The indicator is valid.
 4. **Data Source, Collection and Reporting:** The number of regions with a regional physician champion.
 5. **Calculation Methodology:** The calculation is based on the number of LDH regions with a physician champion.
 6. **Scope:** The indicator can further be broken down into a regional analysis.
 7. **Caveats:** None.
3. **Responsible Person:** Deborah Spann, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Increase in the number of primary stroke centers in the state and the number of tele-medicine enabled centers.

LaPAS PI Code: None

1. **Type and Level:** Output
2. **Rationale:** Currently Louisiana does not have a system of care to comprehensively treat incidents of stroke and only nine Louisiana hospitals, geographically mal-distributed within the State's borders, are certified as Advanced Primary Stroke Centers. The Louisiana Emergency Response Network (LERN) is utilizing a framework of best practices and lessons learned from other states to promote and facilitate the development of an ideal stroke system of care.
3. **Use:** This indicator is used to measure how much of the geographic population has access to the resources needed to treat stroke patients.
4. **Clarity:** The indicator clearly identifies the request to identify resources available in the state.
5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN works with hospitals to become primary stroke centers and promotes tele-medicine to expand access.
6. **Data Source, Collection and Reporting:** The number primary stroke centers in the state and the number of tele-medicine enabled hospitals.
7. **Calculation Methodology:** The calculation is based on the hospitals certified as primary stroke centers. It is a true count. It is also the number of tele-medicine enabled hospitals.
8. **Scope:** The indicator can further be broken down into a regional analysis.
9. **Caveats:** None.
10. **Responsible Person:** Deborah Spann, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Objective IV.1: LERN will establish protocols to effectively assist and participate in ESF-8 activities by June 30, 2019.

Indicator Name: Percentage of hospitals having emergency room services that participate in the LERN Network.

LaPAS PI Code: 22965

1. **Type and Level:** Outcome Indicator. Key indicator.
2. **Rationale:** LERN is the lead agency responsible for the development of a trauma network for the state of Louisiana. In the absence of trauma centers LERN sought to enlist hospital providers who would cooperatively work with LERN to provide specialty services when available (general surgery, neurosurgery, orthopedic surgery). This indicator reports the outcome of these efforts. It is a valid measure and tells the performance story by reporting the percentage of participating hospitals.
3. **Use:** This indicator is used to determine where we strategically focus our efforts to expand the network. We recently focused efforts in region one due to low participation. These efforts resulted in 100% of hospital participation. This indicator is only used for internal management purposes.
4. **Clarity:** Yes, it clearly identifies what is being measured. There are no acronyms.
5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN obtains signed agreements for participation in the Network from the agencies in each region. In this way, LERN is able to determine which hospitals having appropriate care are available resources to LERN.
6. **Data Source, Collection and Reporting:** Source = internal log. Reported quarterly on a state fiscal year. It is consistent and not more than 3 months old.
7. **Calculation Methodology:** Number of hospitals who signed LERN participation agreements/Number of hospitals with an ER
8. **Scope:** The indicator is aggregated but if requested it could be broken down by region.
9. **Caveats:** There are no limitations or weaknesses. There is no bias with the source of the data. The only caveat is that LERN only requests participation from hospitals that have an ER.
10. **Responsible Person:** Carolyn Barr, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of EMS agencies participating in the LERN Network.

LaPAS PI Code: 22328

1. **Type and Level:** Output -Key
2. **Rationale:** EMS participation is pivotal in the development of a trauma system which LERN has been tasked to do by the Legislature. Trauma systems require trauma destination protocols in order to achieve a coordinated system whereby the trauma patient is identified and delivered to the definitive care resource. This indicator was selected because EMS participation is an indicator of compliance with the LERN Destination Protocol. It is a valid measure. It indicates participation in the system.
3. **Use:** When broken down regionally the indicator assists in the development of strategic efforts to enlist additional providers. Currently the participating providers geographically cover most of the state. The indicator is used for internal management.
4. **Clarity:** The indicator clearly identifies the resources available in the state through the LERN Network.
5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN obtains signed agreements for participation in the Network from the EMS agencies in each region. In this way, LERN is able to determine which EMS agencies having appropriate care are available resources to LERN.
6. **Data Source, Collection and Reporting:** Source = Internal log. Quarterly reporting on state fiscal year. Reporting is 3 months out.
7. **Calculation Methodology:** Number of EMS providers who participate with LERN/Total number of EMS providers in the state who respond to 911.
8. **Scope:** The indicator is aggregated but if requested it could be broken down by region.
9. **Caveats:** There are no limitations or weaknesses. There is no bias with the source of the data. The only caveat is that LERN only requests participation from EMS providers that respond to 911. This is not a proxy indicator.
10. **Responsible Person:** Carolyn Barr, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of Designated Regional Coordinators that participate in LERN directed MCI planning.

LaPAS PI Code: None

1. **Type and Level:** Output -Key
2. **Rationale:** Designated Regional Coordinator (DRC) participation is pivotal in MCI planning. It is a valid measure. It indicates participation in LERN directed statewide MCI planning.
3. **Use:** When broken down regionally the indicator assists in the development of targeted strategic plans. As the DRC network expands or when there is turnover we know where to direct our efforts. The indicator is used for internal management.
4. **Clarity:** The indicator clearly identifies the DRC network available in the state in cooperation with the LERN Network.
5. **Validity, Reliability and Accuracy:** The indicator is valid.
6. **Data Source, Collection and Reporting:** Source = Internal log. List maintained by LERN Communication Center.
7. **Calculation Methodology:** Number of DRC's who participate with LERN MCI Planning/Total number of DRC's in the state.
8. **Scope:** The indicator is aggregated but if requested it could be broken down by region.
9. **Caveats:** There are no limitations or weaknesses. There is no bias with the source of the data..
10. **Responsible Person:** Chris Hector, Administrative Director
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09-325 Acadiana Area Human Services District

Acadiana Area Human Services District has only one program: Acadiana Area Human Services District. This agency provides services for behavioral health (addictive disorders and mental health) and developmental disabilities.

Program Authorization: Louisiana revised statutes (LSA-RS): R.S. 373, R.S. 28:912-920.

The Louisiana State Legislature established the Acadiana Human Services District to provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. Direct oversight of these services was previously provided through the Louisiana Department of Health (LDH). The AAHSD was created to be responsive to the local needs of the citizens in its seven parish catchment area. It strives to identify and address local needs through partnerships with local governments, clients, advocates and providers. At the heart of this multi-parish agency is greater accountability to consumers, the community and the taxpayers. Governance of AAHSD is conducted by a ten (10) member Board of Directors. The Board includes residents from each parish in the seven parish catchment area and three (3) Governor Appointees. All members serve without compensation.

The Acadiana Area Human Services District (AAHSD) was created by the Louisiana State Legislature under the provisions of the Louisiana revised statutes (LSA-RS): R.S. 373 to provide administration, management, and operation of behavioral health (addictive disorders and mental health) and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. This seven-parish area encompasses approximately 5,000 square miles (approximately 12% of the state total) and has a population of approximately 6,000,000 (from 2012 US Census estimates) (approximately 13% of the state total). Within this area, AAHSD operates sites in Crowley, Lafayette (2), New Iberia, Opelousas, and Ville Platte.

Principle Service Recipients

AAHSD serves a large diverse population in seven parishes including Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion. This seven-parish area encompasses approximately 5,000 square miles (approximately 12% of the state total) and has a population of approximately 6,000,000 (from 2012 US Census estimates) (approximately 13% of the state total). Of this population, AAHSD has an inherent responsibility to the medically indigent (e.g. – the uninsured and under-insured and those with Medicaid) as all individuals who present at our program sites in crisis or in need of other services. AAHSD population of patients consists of children (ages 6-12), adolescents (ages 13-17), adults and geriatrics.

External factors with potential negative impact on achieving goals and objectives include:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which AAHSD has no control. These changes may include but are not limited to:

- **Funding levels** – Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- **Changes in the state health care system** - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- **Potential changes in the federal health care arena** as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- **Changes in the economy of the state** – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- **Changes in the population** – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- **Competition** from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council

on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Sr. Management Team.

Internal Factors that May Affect the Achievement of Goals and Objectives

The ability for AAHSD to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- **Funding levels** –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- **Changes in the state health care system** - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- **Potential changes in the federal health care arena** as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.

Program Evaluations Used to Develop Goals, Objectives, and Strategies

AAHSD strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Sr. Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. AAHSD actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, AAHSD continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort

(AAHSD) shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within AAHSD. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the AAHSD Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Monitoring & Evaluation Process:

In order to monitor and evaluate AAHSD's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. In addition, recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2022.

INDICATOR NAME: Percentage of Acadiana Area Human Services District clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25057

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other

regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2022.

INDICATOR NAME: Percentage of Acadiana Area Human Services District clients who state they would recommend the clinics to family and friends.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25058

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the

indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2022.

INDICATOR NAME: Total number of individuals served in the Acadiana Area Human Services District.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25043

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2022.

INDICATOR NAME: Total number of enrollees in prevention programs.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25047

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This is an output indicator.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) This will allow AAHSD to view how many adolescents are participating in the prevention programs. This is a valid measure of performance because the number of enrollees are down, then it can be a clear indication of how effective is the program.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making because we can look at the effectiveness of the program. This indicator will be used for performance-based budgeting purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. This indicator clearly identifies what is being measured and does not need any clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

Each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well. Their reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The total number of enrollees are added up so they are easy to be tracked.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the sum of smaller parts because we collect information on a monthly basis we can easily see how well each program is doing.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. This indicator does not have limitations or weaknesses. Each of our programs are located in all of our areas so that adolescents can get to them.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Each prevention program located in our outlying areas has a supervisor who collects the information and submits it to the prevention staff member and the contract monitor. The responsible person for collecting this information is our prevention staff member and the contract monitor located in Joseph Henry Tyler Behavioral Health.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Number of adults served with MH services in all Acadiana Area Human Services District Behavioral Health clinics.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25052

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indicator will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Number of children/adolescents served with MH services in all Acadiana Area Human Services District Behavioral Health clinics.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25053

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indicator will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when

reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Percentage of adults receiving MH services who report that they would choose services in this agency if given a choice to receive services elsewhere.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25054

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Percentage of MH clients who would recommend services in this agency to others.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25055

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Percentage of MH cash subsidy slots utilized.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25056

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) The type of indicator will be Efficiency. The level at which the indicator will be reported will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) This indicator is selected so that AAHSD knows if this service is utilized. It is a valid measure of performance targeted in this objective. It helps tell our performance story because we can tell if this service is being used.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? The indicator will be used in the management decision making to show if this program is being utilized at its capacity. This indicator will be used only for internal management.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. The indicator name is clearly identified of what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator and subsequent performance data has been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be maintained closely to verify what slots are available.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?) This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? We will add all slots that are being utilized and divide that by 100 to gain a percent. This will be helpful so that we know how much in percent terms is this service being utilized.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. This indicator does not have any weakness or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

This responsible person who collects the data is our children's contract personnel. She is located in the Henry Joseph Tyler Behavioral Health Clinic.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Total number of individuals served by outpatient mental health in Acadiana Area Human Services District.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25044

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indicator will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Total number of individuals served by inpatient Addictive Disorders in Acadiana Area Human Services District

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25045

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indicator will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2022, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Total numbers of individuals served by outpatient Addictive Disorders in Acadiana Area Human Services District.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25046

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indicator will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #2 Each year through June 30, 2022, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

INDICATOR NAME: Percentage of successful completions (24-hour residential programs) - AD Program

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25040

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be calculated by gaining a total successful completions.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #2 Each year through June 30, 2022, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

INDICATOR NAME: Primary Inpatient Adult: Percentage of individuals successfully completing the program -AD program

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25041

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?) The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes? This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future? This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For

example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be calculated by gaining a total successful completions.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #1 Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2022.

INDICATOR NAME: Number of people receiving individual and family support services.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25048

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving individual and family support services.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
The indicator will be calculated by gather the information in the Participant Services Database.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #1 Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2022.

INDICATOR NAME: Number of people receiving flexible family fund services.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25049

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving flexible family funds.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by

the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The indicator will be calculated by gather the information in the Participant Services Database.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #1 Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2022.

INDICATOR NAME: Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25050

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving individual and family support services.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
The indicator will be calculated by gather the information in the Participant Services Database. The total will be divided by 100 to obtain a percentage.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #2 Each year through June 30, 2022, AAHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through AAHSD.

INDICATOR NAME: Number of persons receiving DD services per year.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25051

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving DD services per year.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The indicator will be calculated by gather the information in the Participant Services Database.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents

one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see how many clients are receiving services from DD.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

09-326 OFFICE OF PUBLIC HEALTH

Program A: Public Health Services

The Office of Public Health has one appropriated program titled Public Health Services. This program focuses on five specific operating areas including vital records and statistics, public health services, engineering, sanitarian services, and emergency preparedness.

Principal Customers/Users of the Program and Benefits: Public Health Services is an appropriated program within the Department of Health and Hospitals Office of Public Health. The program represents a combination of five operating areas including vital records and statistics, public health services, engineering, sanitarian services, and emergency preparedness.

These operating areas are responsible for activities that affect the lives of all Louisiana residents by providing health information, education, and assurance of essential health care services for the under-served and public health emergency preparedness operations. Services are provided to infants, children, adolescents, women of childbearing age, pregnant women, newborns suspected of having genetic diseases, children with special health care needs, tuberculosis, HIV and AIDS, sexually transmitted diseases, persons at risk for injury and violence, parish health unit operations, public health nursing services, state epidemiology and laboratory testing, preparation, detection, detect, and response for chemical and biological terrorism and other communicable disease threats, the implementation, promulgation and enforcement of the Louisiana State Sanitary Code; and required to initiate and complete a large number of social and legal activities for individuals who are establishing citizenship, obtaining a Social Security Number, getting married, obtaining a passport or a drivers license, filing for federal entitlements, filing for retirement, and filing for death benefits. The availability of vital event records benefits all persons who are born, married, no longer reside in Louisiana, or serves the families and legal executors for deceased individuals in the state. The timely availability of population data as it relates to fatality, mortality, marriage, and divorce facilitates health status assessment and health resource utilization at a point in time when the information is most valuable and the impact of intervention strategies is most effective.

The work performed by staff within the centers are important for early detection of emerging threats and protection of residents and visitors from the threats of communicable and infectious diseases and agents through surveillance and disease identification and notification tracking systems.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: There are many factors that could significantly affect the achievement of goals and objectives in this program including those that, 1) determine and implement the most efficient and effective delivery of Public Health Services; 2) enhance the management information infrastructure to complement efficiencies in information technology; 3) create the necessary infrastructure within public health that enhances our current epidemiology capacity and ability to better understand determinants and distribution of health and disease; 4) lack of community awareness about the importance of public health activities to their health; 5)

PERFORMANCE INDICATOR DOCUMENTATION

limited access to health care by many individuals, including rural residents and the uninsured; 6) an increase in health problems due to lifestyle choices; 7) an increasing number of uninsured individuals; 8) a lack of growth in state revenue to fund Public Health Services; 9) changes in block grant funding which could directly impact the provision of services within the centers for Preventive Health and Community Health; 10) continuing low levels of educational achievement for Louisiana's residents; and 11) increasing levels of poverty.

External factors which could significantly affect the achievement of environmental health goals and objectives include dwindling resources for sanitation services, changes in the regulatory forces of industry, lack of community and individual awareness on the environmental health risks associated with certain behaviors and practices, publicity of negative health outcomes, increasing attention to environmental factors, natural disasters or man-made disasters, court rulings/legal determinations impacting the agency's ability to function, loss/reduction in state funding, acts of sabotage/terrorism, unexpected shift in staff duties away from routine duties to respond to major recalls or disasters, and changes in or rescinding of local/parish ordinances in conflict with requirements.

The successful performance of the Vital Records and Statistics program is contingent upon internal variables that are currently being addressed through service delivery improvements. These include, but are not limited to: development of an agency wide OPH database directory for use in report development, grant writing, planning and decision making, and the migration of all vital events, and other statewide data collection to a fully electronic, Web-enabled environment.

Other internal factors that could affect the achievement of goals or objectives include, reexamining and revising as necessary the regulatory standards with which we operate to ensure consistency and "user friendliness;" revitalizing environmental health with an emphasis on creation of a "constituency base" who would have input into future direction setting and planning, and ensuring the development of an administrative/organizational structure; and promoting new information sharing and information products to communities.

Methods Used to Avoid Duplication of Effort: These program areas work together, through planning sessions, and strategic direction setting activities to minimize or eliminate duplication of effort and to further ensure that objectives and strategies established complement each other in the fulfillment of the overall program goals. Areas of responsibility and staff roles are clearly delineated and coordinated among operational areas promoting a reduction in infectious and chronic disease morbidity and mortality and reducing the impact of communicable/infectious disease through the promulgation and implementation of the State Sanitary Code. Although areas of responsibility amongst the environmental health staff may appear to overlap in actual function only (i.e., inspection, certification, etc.), the operational lines of responsibility (i.e., retail food, milk and dairy, sewerage), are clearly delineated and configured to avoid duplication.

Also, Vital Records and Statistics is the only state program that provides services related to the collection, transcription, compilation, analysis, reporting, amending, and preserving of vital record documents, including birth, fetal death, death, marriage, abortion, and divorce certificates. The program provides for data collection for DHH offices, government entities and for use by

PERFORMANCE INDICATOR DOCUMENTATION

the general public. Duplication amongst the operations of program is avoided through the organization and structural makeup of these entities. Staff responsibilities are clearly delineated within the framework of the specific objectives and complement, rather than duplicate any effort provided.

Program Evaluations used to Develop Goals, Objectives, and Strategies: Scientific data, literature, technology enhancements for data gathering, and enhancement to program operations helped to develop goals, objectives, strategies, and performance information. Quantitative methods of evaluating the timeliness of disease reporting were used and are standard methods utilized across state health departments and the Centers for Disease Control and Prevention (CDC). CDC standards are used to measure outcomes and preparedness levels for emergencies and to assess the delivery of services for certain populations. In some cases, comparisons were used to assess the number of individuals trained and those required to be trained by individual certification commissions.

Historically, public health agencies, health care providers, health care payers, states/local regulatory bodies and others have found that accurate, detailed and timely information is fundamental to competent decision-making about health issues and the investment of scarce public health and health care dollars. The ability to assess the health status of a population and to set policy and plan intervention strategies based on that information is essential. This health information need is the impetus for the collection and maintenance of important population-based data sets that represent the demographic and health characteristics of our population. Similarly, it is the impetus for the analysis and publication of a wide range of population-based health related documents that illustrate and explain the important health and demographic information and relationships gleaned from the data

Monitoring and Evaluation of Information and Records Retention: Monitoring and evaluation are essential to advance OPH strategies for sound management and agency learning. These tools are important for decision-making, including decisions to improve, discontinue or adjust an evaluated intervention or policy; decisions about management structure, funding agencies, and policy makers.

Responsible persons must generally retain programmatic records, supporting documents, statistical records, and other relevant material such as process documentation, operational plans, or other records reasonably considered relevant to this strategic plan for a period of three years. The retention period will be calculated from the date the department's strategic plan is submitted to the Louisiana Division of Administration. In the event of litigation, claim, financial or program management reviews, or an audit is started before the expiration of the three year period, records must be retained until all litigation, claims, reviews, or audit findings involving the records have been resolved and final action taken.

Fiscal Impact of Strategic Plan

The fiscal impact of the strategic plan is captured in the Increase Financial Stability strategic priority. The agency goal to Increase financial stability and revenue through more efficient utilization of resources encompasses the strategic direction of the agency and by virtue of its importance in our agency's first internal goal. We realize that in order to provide the statutory, clinical & preventive services and other public health services, our financial viability must be of paramount interest. In acknowledgement of this fact, OPH has developed and staffed a Revenue Unit. Hence, the strategic plan provides a necessary roadmap to achieve financial sustainability.

PERFORMANCE INDICATOR DOCUMENTATION

Maintenance of Agency Performance-Based Budgeting Records

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

Agency Goals

- Prevent illness, disability, premature birth and premature death
- Improve the health status of the Louisiana population
- Reduce environmental health hazards in the community by protecting the quality of Louisiana's physical environment and infrastructure

Statutory Authority for Personal Health Services: Statutory Authority is inclusive of programs within the five operating areas: Vital Records and Statistics R.S. 40:32 et. seq, R.S. 40:37, Data Release R.S. 40:41, Registration of Vital Events R.S. 40:34 et. seq., Marriage Licenses R.S. 9:201 et. seq. Putative Father Registry R.S. 9:400 et. seq.; Maternal and Child Health Services Chapter 8, Part I L.R.S. 46:971-972; R.S. 17:2111-2112, R.S. 33:1563, Hearing Impairment R.S. 46; 2261-2267, Adolescent Pregnancy R.S. 46:973-974 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Social Security Act – Maternal and child health block Grant 42 U.S.C. 701§501, Personal Responsibility and Work Opportunity Reconciliation act of 1996 – Temporary Assistance to Needy Families Block Grant Federal Pub.L. 104-193, Patient Protection and Affordable Care Act of 2010 42 U.S.C. 701 § Section 511(b), Medicaid Targeted Case Management 42 U.S.C. 701 § 1905(a)(19), § 1915(g), LAC Title 50 Part XV Subpart 7, Violent Crime Control and Law Enforcement Act of 1994 Federal H.R. 3355, Pub.L. 103-322, Child Death Investigation L.S.A. RS 40:2019; Family Planning Title X of the Public Health Service Act, 42 U.S.C. 300 et. seq., 42 CFR part 59, subpart A, Subpart B, 42 CFR part 50 subpart B; 42 CFR 59.1; OPA 99-1: Compliance with State reporting laws: FY 1999 Omnibus Appropriations bill P.L. 105-277 § 219; Louisiana Children Code Art. 609A; Abortion Alternatives R.S.40.1299.35' Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 As Amended Through P.L. 110–246, Effective October 1, 2008, R.S. 46:447.1; Title V Maternal and Child Health; § 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000. R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243(b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Sexually Transmitted Disease, RS 40:1061 thru 1068 and 1091 thru 1093, LRS 40:4(A)(2) and RS 40:5(10); Vaccines for Children, Section 1928 of the Social Security Act, Vaccine Adverse Event Reporting System 42 U.S.C. §300aa-25; Women Infants and Children §17 of the Child Nutrition Act of 1966, WIC Breastfeeding Peer Counseling, Child Nutrition and Reauthorization Act of 2004; Health, Hunger Free Kids Act of 2010; Commodity Supplemental Food Program Section 4(a) of the Agriculture and Consumer Protection Act of 1973; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S.

PERFORMANCE INDICATOR DOCUMENTATION

40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV. Children's Special Health Services R.S.40:1299.111-120 (Children's Special Health Services). Title 48; Public Health General; Part V; subpart 17; §§4901-5903 /LAC:48:V.4901-5903; Title V of the Social Security Act sections 701-710, subchapter V chapter VII, title 42; Birth Defects LAC Title 48:V.Chapters 161 and 163; Newborn Screening: RS 40:1299 – 1299.4, 1299:6, Hemophilia: RS 40:1299.5; LAC 48.V.7101, Childhood Lead Poisoning Prevention: RS 40:1299.21-29; LAC 51:IV.101-111), LAC Title 48:V.§ 7005; Newborn Heel Stick RS 40:1299-1299.4, 1299.6, LAC title 48.V.6303; Hearing, Speech and Vision R.S. 46:2261 et. seq. LAC Title 48, Public Health General, Part V, subpart 7, Chapter 22;

Section 399M of the Public Health Service Act 42 USC section 280g-1; Early Hearing Detection and Intervention Act of 2010; Individuals with Disabilities Education Act (IDEA), Part C, Early Intervention Program for Infants and Toddlers with Disabilities, final regulations 2011, 34 CFR Part 303 RIN 1820-AB 59; Infectious Disease Epidemiology LAC Title 51, Part II. The Control of Diseases 105, LAC Title 51 Part III. The Control of Rabies and other Zoonotic Diseases 101-111; Tuberculosis, LA R.S. 40:3, 40:4, 40:5 Public Health Sanitary Code, (LAC TITLE 51): Chapter II, '115, '117, '119, '121, '125, '503, '505; Adolescent School Health Initiative, LA, R.S. 40:31.3; R.S. 40:1, et seq., R.S. 4- 6, R.S. 8- 9 et seq., 1141-51, 1152-1156, 2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834, LAC 51 (Public Health – Sanitary Code - Parts 1-28); Chapter 32 of Title 40 of the Louisiana Revised Statutes of 1950, as amended (La. R.S. 40:2821 - 2826); Safe Drinking Water Program, L.R.S. 40:4.A(7),(8)&(11)); 40:4.B; 40:4.11, 40:4.12; 40:5(5),(6)&(20); 40:5.6-9; 40:6; 40:8; Safe Drinking Water Administration Fee R.S. 40:31.33.LAC 51: Part I and Parts XII (Water Supplies), XIV (Plumbing), XXIV (Swimming Pools); and LA R.S. 40:32 et seq., LA R.S. 40:1299.80 et seq; Building and Premises RS36:258; Commercial Seafood LAC Title 51: Part IX; LRS 40:5.3, National Shellfish Sanitation Program, USFDA Interstate Certified Shellfish Shippers List; Infectious Waste RS 40:4 (b)(i); Milk and Dairy LAC Title 51, Part 7, U.S. Food and Drug Administration Pasteurized Milk Ordinance, 2011 Revision; Retail Food LAC Title 51Part XXIII Chapter 307, Chapter 501; Food and Drug R.S. 40:601 et. sep., 2701-2719, and 2831 et seq, RS 40:717; Operator Certification RS 40:1141-1151, Title 48, Part V, Chapter 73, 42 U.S.C. 300f, et seq. 40 CFR Parts 141-143; Emergency Medical Services, R.S. 40:1231-1236., R.S. 40:1300.102-105; Emergency Preparedness sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Presidential Policy Directive 8: National Preparedness; Medicare Rural Hospital Flexibility Balanced Budget Act of 1997, Section 4201, P.L. 105-33, LA Act 162 of 2002; Primary Care Office and Health Professional Workforce Public Health Act, Title III, § 333D, Section 220§ of the Immigration and Nationality Technical Corrections Act of 1994, Public Health Services Act, Title III, § 339 (O), 338I, and 338 and 338B(g)(1); Health Professional Shortage Area 42 CFR, Chapter 1, Part 5, §215 of the Public Health Service Act, 58 Stat. 690, 42 U.S.C. 216, § 332 of the Public Health Service Act, 90 Stat. 2270-2272, 42 U.S.C. 245e.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: A - Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Vital Records and Statistics program staff are required to initiate and complete a large number of social and legal activities for individuals who are establishing citizenship, obtaining a Social Security Number, getting married, obtaining a passport or a drivers license, filing for federal entitlements, filing for retirement, and filing for death benefits. The availability of vital event records benefits all persons who are born, married, no longer reside in Louisiana, or serves the families and legal executors for deceased individuals in the state. The timely availability of population data as it relates to fatality, mortality, marriage, and divorce facilitates health status assessment and health resource utilization at a point in time when the information is most valuable and the impact of intervention strategies is most effective

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Percentage of emergency document service requests filled within 24 hours.

LaPAS PI Code: 2549

1. **Type and Level:** Efficiency and Key
2. **Rationale:** This indicator measures the timeliness of customer services in the emergency service setting.
3. **Use:** The indicator is used to adjust and reallocate customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the State Auditor. A service “start time” and “service completion time” are collected manually or electronically for each mail based document issuance activity.
6. **Data Source, Collection and Reporting:**
 - Collection: Data is collected with the delivery of each customer service.
 - Reporting: Data is manually analyzed and reported on demand.
7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within 24 hours is calculated from a tally that groups services into those that required less than 24 hours and those that required more than twenty four hours to complete.
8. **Scope:** None
9. **Caveats:** There are no significant limitations with respect to the collection of indicator data. An electronic customer service tracking system currently being installed will automate this type of management information collection.
10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Analysis of the data is the responsibility of the Registrar of Vital Records.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Percentage of mail requests issued within two weeks

LaPAS PI Code: 2548

1. **Type and Level:** Efficiency and Supporting
2. **Rationale:** This indicator measures the timeliness of customer services in the regular mail service setting.
3. **Use:** The indicator is used to adjust and reallocate customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. A service “start time” and “service completion time” are collected manually or electronically for each mail based document issuance activity.
6. **Data Source, Collection and Reporting:**
 - Collection: data are collected with the delivery of each customer service
 - Reporting: data are manually analyzed and reported on demand
7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within two weeks is calculated from a tally that groups services into those that required two weeks or less and those that required more than two weeks to complete.
8. **Scope:** None
9. **Caveats:** There are no significant limitations with respect to the collection of indicator data.
10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Analysis of the data is the responsibility of the Registrar of Vital Records.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Percentage of walk-in customers served within 30 minutes

LaPAS PI Code: 2547

1. **Type and Level:** Efficiency and General
2. **Rationale:** This indicator measures the timeliness of customer services in the direct service setting.
3. **Use:** The indicator is used to adjust and reallocate direct customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.
4. **Clarity:** These are walk-in customers.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. A service “start time” and “service completion time” are collected manually or electronically for each direct document issuance activity.
6. **Data Source, Collection and Reporting:**
 - Collection: data are collected with the delivery of each customer service
 - Reporting: Data are manually analyzed and reported on demand
7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within 30 minutes is calculated from a tally that groups services into those that required 30 minutes or less and those that required more than 30 minutes to complete.
8. **Scope:** A complete overview of program services requires the aggregation of Central Vital Records Registry service data with data from local document issuance sites.
9. **Caveats:** There are no significant limitations with respect to the collection of indicator data.
10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Aggregation and data quality are the responsibility of the Registrar of Vital Records.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: A - Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Number of vital records processed

LaPAS PI Code: 2528

1. **Type and Level:** Output and Key
2. **Rationale:** This Indicator measures the current status of each of the vital event files at a point in time and provides information required by management to anticipate workflow and manpower requirements at the various processing steps (Record intake, keypunch, demographic and medical coding, editing, microfilming, document binding and storage, etc.). This indicator is the total number of the following: Birth record intake; Death record intake; Marriage record intake; Divorce record; intake; Abortion record intake; Fetal death record intake
3. **Use:** This indicator is used to determine the current status of each of the vital event record series at a point in time. The data assist program management in the allocation of resources to meet current workload and in the anticipation of resource needs.
4. **Clarity:** "File Closeout Activities" – Activities associated with assembling a final clean statistical file including special electronic record edits to identify questionable information, queries to vital event record originators to confirm or correct the questionable information, and manual and electronic record revisions to reflect data corrections.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. This output information is available in management reports and online as a product of the mainframe computer programs that manage the various vital event file series.
6. **Data Source, Collection and Reporting:**
 - **Collection:** The information is collected on an ongoing basis in computerized and manual logs.
 - **Reporting:** Most computer reports are generated on a monthly basis. File status can be ascertained by online queries at any point in time. Manual logs are annotated on a daily basis or as work progresses.

PERFORMANCE INDICATOR DOCUMENTATION

7. **Calculation Methodology:** The number of records processed for the current calendar year can be obtained from manual logs for early processing phases to online computer queries and computer generated management reports for completed processing.
8. **Scope:** The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce.
9. **Caveats:** Although this indicator can be accessed at any time during the year, it is most useful during the fourth quarter of the current calendar year and the first quarter of the following calendar year while file closeout activities are in progress.
10. **Responsible Person:** The State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Birth record intake

LaPAS PI Code: 11227

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of birth records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of birth records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Death record intake

LaPAS PI Code: 11229

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of death records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of death records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Marriage record intake

LaPAS PI Code: 11231

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of marriage records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of marriage records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Divorce record intake

LaPAS PI Code: 11232

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of divorce records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of divorce records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Abortion record intake

LaPAS PI Code: 11234

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of abortion records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of abortion records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Fetal death record intake

LaPAS PI Code: 11235

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of fetal death records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of fetal death records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - a. Collection: ongoing
 - b. Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted

LaPAS PI Code: 11236

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of vital event records (birth, death, fetal death, abortion, marriage, and divorce certificates) submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of vital events records by type submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality; Office (504) 593-5180.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold

LaPAS PI Code: 20430

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of vital event records (birth, death, fetal death, abortion, marriage and divorce certificates) sold by all Vital Records retail locations statewide.
3. **Use:** This indicator is used to determine the sales volume by record so that staffing, equipment and administrative support can be supplied to maximize customer service.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual monthly reconciliation reports and on computerized accounts receivable system print-outs
6. **Data Source, Collection and Reporting:**
 - Collection: ongoing
 - Reporting: monthly and on demand
7. **Calculation Methodology:** Reports from all locations must be added to get a monthly and annual total for each record type.
8. **Scope:** No aggregation may be required as the vital event records are subdivided into record categories and the sales reports are itemized by category
9. **Caveats:** The reports depend on the accuracy of the reconciliation reports prepared by each location until the annual report is compiled.
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection from the retail locations and consolidation of these reports

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Emergency medical services (EMS) respond to all requests for pre-hospital medical care including cardiac, medical and trauma emergencies. These illnesses affect persons of all demographics. EMS provides standards for education, examination, and certification for over 22,000 emergency response personnel, including paramedics, first responders, firemen, and emergency medical technicians.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Percent increase of EMS workforce in Louisiana

LaPAS PI Code: 24154

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This measures the increase in the percentage of the EMS workforce number.
3. **Use:** This indicator is used to measure the volume of candidates entering into the workforce.
4. **Clarity:** This indicator includes the number of candidates entering into the workforce; EMS – Emergency Medical Service
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
 - a) Collection: Daily
 - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Program Manager
628 N. Fourth St. Baton Rouge, LA 70802- 3rd Floor
Phone: (225) 342- 7759
Fax: 844-244-7620

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Number of EMS personnel newly certified

LaPAS PI Code: 24155

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This measures the increase in the percentage of new EMS personnel.
3. **Use:** This indicator is used to measure the volume of new candidates entering into the workforce.
4. **Clarity:** The number of new candidates entering into the workforce.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
 - a) Collection: Daily
 - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Program Manager
628 N. Fourth St. Baton Rouge, LA 70802- 3rd Floor
Phone: (225) 342- 7759
Fax: 844-244-7620

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Number of EMS personnel re-certified

LaPAS PI Code: 24156

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This measures the increase in the percentage of re-certified EMS personnel.
3. **Use:** This indicator is used to measure the volume of re-certifying candidates in the workforce.
4. **Clarity:** The number of re-certified candidates returning to the workforce.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
 - a) Collection: Daily
 - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Program Manager
628 N. Fourth St. Baton Rouge, LA 70802- 3rd Floor
Phone: (225) 342- 7759
Fax: 844-244-7620

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Total number of EMS workforce

LaPAS PI Code: 24157

1. **Type and Level:** Outcome and Supporting:
2. **Rationale:** This measures the total number of EMS personnel.
3. **Use:** This indicator is used to measure the total number of EMS personnel that creates the workforce.
4. **Clarity:** The total number of EMS personnel in the workforce.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
 - a) Collection: Daily
 - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Program Manager
628 N. Fourth St. Baton Rouge, LA 70802- 3rd Floor
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Community Preparedness

OBJECTIVE III: Public Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: All residents, visitors, and preparedness partners and the federal, state and local levels benefit from the work of staff within community preparedness. The DHH OPH Center for Community Preparedness (CCP) provides public health expertise and resources to its partners and the community during emergency response efforts through the use of the Centers for Disease Control and Prevention's Cooperative Agreement for Public Health Emergency Preparedness grant funding. The DHH OPH CCP manages the funds received through the CDC PHEP cooperative agreement to implement several emergency preparedness programs that increase response capabilities and service the entire population of Louisiana such as Louisiana Volunteers in Action, Strategic National Stockpile/Cities Readiness, CHEMPACK, and Public Health Information Network. The CCP provides its services in accordance with the national response framework for local, state and national partners using National Incident Command System compliance standards for emergency response operations.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Community Preparedness

OBJECTIVE III: Public Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2019.

INDICATOR NAME: Obtain a 43% Medication Countermeasure Distribution and Dispensing Score

LaPAS PI Code: 24158

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Annual composite score based on the record performance and results from the Technical Assistance Review, Performance of DSNS Operation Drills, Documentation of compliance with Programmatic Standards and Full-Scale Exercise.
3. **Use:** This performance indicator is used to ensure that Louisiana meets the Centers for Disease Control guidance to support advancements in public health capabilities to receive, stage, store, distribute and dispense medical countermeasures in response to an emergency.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is based on reports/assessments conducted by the Centers for Disease Control and Prevention.
6. **Data Source, Collection and Reporting:** Centers for Disease Control and Prevention Composite Scoring on Elements (Technical Assistance Review, Performance of DSNS Operation Drills, Documentation of compliance with Programmatic Standards and Full-Scale Exercise) (Data Source); Collection: Yearly; Reporting: Yearly
7. **Calculation Methodology:** Each of the above elements is scored and a composite score is given based on each element.
8. **Scope:** Summation of data includes a statewide total.
9. **Caveats:** None noted. All states are measured on the same data components.
10. **Responsible Person:** The Centers for Disease Control and Prevention performs the assessment. The Center for Community Preparedness Executive Director is responsible for the overall management of the Strategic National Stockpile Program.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

Primary Persons Who will benefit from or be Significantly Affected by Objective: Persons who will benefit most from the objective will be those infants and children at highest risk for infant and child mortality and their families. The entire state population will benefit by having healthier children.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Number of Maternal, Infant, Early Childhood home visits, including Nurse Family Partnership (NFP) and Parents as Teachers (PAT) home visits

LaPAS PI Code: 20139

1. **Type and Level:** Output and Key
2. **Rationale:** The indicator measures the total number of completed home visits performed by the Nurse Family Partnership (NFP) Program. It is the quantifiable unit of service used to measure program and nurse level efficiency and productivity.
3. **Use:** This indicator will be one of several tools used to measure nurse and program productivity, to determine reimbursement and for performance based budgeting purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. No further clarity is needed.
5. **Accuracy, Maintenance, Support:** Number of home visits is collected and reported through the Clinical Information system (CIS), a national database used by all NFP Programs. Each NFP site enters data into the national CIS database. Quality assurance measures include review of CIS reports, Louisiana NFP internal report, and nurse itineraries, and client record documentation.
6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP CIS database at the site after each encounter. Data is entered daily into the CIS database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the CIS database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the CIS system.
7. **Calculation Methodology:** Sum of all home visit encounters with patients served through the Nurse Family Partnership statewide.
8. **Scope:** The number of home visits provided through the Nurse Family Partnership Program can be reported statewide and on a regional level.
9. **Caveats:** This indicator contains no caveats, is not proxy or surrogate, and the data source has no bias.
10. **Responsible Person:** The Nurse Family Partnership Sites are responsible for data collection.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services: the Bureau of Family Health will promote optimal health for all Louisiana women, children, teens, and families each year through June 30, 2019.

INDICATOR NAME: Percentage of patients receiving a preventive health visit at least once in the last measurement year.

LaPAS PI Code: New

1. **Type and Level:** Outcome and General
2. **Rationale:** The indicator measures programmatic effectiveness. It is a valid measure of performance. It helps to demonstrate performance and continuity of care.
3. **Use:** This performance indicator is a measure of quality service delivery that assists individuals in achieving optimal reproductive health, which includes determining the number and spacing of their children, through the provision of education, counseling, and medical services. The indicator will be used for internal management purposes as well as performance-based budgeting purposes.
4. **Clarity:** The performance indicator clearly identifies what is being measured. Preventive visits are defined using the Current Procedural Terminology (CPT) code set.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited. Client service data will be accurately reported through the statewide EHR system and Comprehensive Online Medical Patient Accountability Software System (COMPASS), when necessary.
6. **Data Source, Collection, and Reporting:** The EHR and COMPASS are the data sources. Data are gathered quarterly and annually, and are reported on a state fiscal year. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The denominator consists of the unduplicated count of patients who received at least one Reproductive Health visit in the last year. The year-long timeframe should be set for each patient based upon their most recent visit in the measurement quarter. A medical visit is defined using the Current Procedural Terminology (CPT) code set. The numerator consists of the unduplicated count of patients who received a Reproductive Health Preventive visit in the last year. The following table lists codes for acceptable medical visits (denominator) as well as preventive visits (numerator).

PERFORMANCE INDICATOR DOCUMENTATION

Description	CPT	Numerator	Denominator
Preventive Visit	99381,99382,99383,99384,99385,99386,99387,99391,99392,99393,99394,99395,99396,99397	Included	Included
E/M Problem Focused Visit	99201,99202,99203,99204,99205,99211,99212,99213,99214,99215	Excluded	Included
Nursing Assessment/Evaluation Visit	T1001*	Excluded	Included

*T1001 is not a CPT recognized code; however, it is an accepted problem focused visit code with Louisiana DHH Medicaid and should be included in this measure.

In the event that a patient attends a preventive visit that, due to clinician findings, becomes a problem focused visit the visit will be classified as preventive for the purpose of this measure.

8. **Scope:** The indicator is aggregated. It can be stratified by region or parish.
9. **Caveats:** Data entry by clinical staff is a limitation. The indicator is a proxy and the source of data are not biased. There are no caveats that data users should be aware of.

10. Responsible Person:

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 New Orleans, Louisiana 70112,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Sudden Unexpected Infant Death (SUID) Rate

LaPAS PI Code: 24160

1. Type and Level: Outcome and General

2. Rationale: The Louisiana Department of Health and Hospitals (DHH) Office of Public Health (OPH) Bureau of Family Health (BFH) and State Child Death Review Panel are committed to improving infant mortality. One of many strategies is reducing sudden unexpected infant death (SUID). In Louisiana, 1.3 infants per 1,000 live births die suddenly and unexpected each year. The Louisiana rate is almost 50% higher than the national average of 0.9 deaths per 1,000 live births and many of these deaths are preventable¹. Over the last 3 years the BFH has worked on building partnerships with Louisiana's Coroners and Death Investigators to improve surveillance and reporting on SUID as well as continue investments in educational efforts targeting health care providers and communities.

3. Use: Louisiana's excessively high SUID rate compared to the rest of the U.S. will be used to establish policies and services that address work of the BFH through its Title V Maternal and Child Health Block grant to reduce the number of these preventable deaths which should ultimately have an impact on overall infant mortality..

4. Clarity: SUID rates are used for measuring the risk of dying unexpectedly during the first year of life. In the US, states routinely use the same definition defined as the number of infant deaths per 1,000 live births in a single population over a single calendar year. This definition is consistent with that reported by the National Vital Statistics System, where rates are calculated by dividing the number of sudden unexpected infant deaths in a calendar year by the number of live births registered for the same period. Results are presented as rates per 1,000 (or 100,000) live births. Rates based on fewer than 20 deaths are suppressed because they are considered to be too statistically unreliable for presentation.

5. Accuracy, Maintenance, Support:

The Louisiana Vital Records and Statistics Office works to maintain a strong relationship with the National Center for Health Statistics (NCHS). NCHS is the federally recognized organization

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Apr 6, 2015 1:10:12 PM

PERFORMANCE INDICATOR DOCUMENTATION

with responsibility for archiving all vital records events in the United States. Agreements containing specific instructions on the collection and management of events are in place with each US state and territory. States are required to send vital records data to NCHS as part of these agreements. In addition to the numerous internal audits and checks performed by the Louisiana office, NCHS performs independent data checks on Louisiana (and all other state) data. When questions arise, NCHS contacts Louisiana to investigate and resolve the question. Data are then edited as appropriate and resubmitted to NCHS. This ongoing partnership assures the maintenance of high quality vital records data deemed valid and reliable at the state and federal levels. In addition to the data quality assurance provided through the partnership with NCHS, this measure is consistent with the Healthy People 202 measure MICH-1.9, The Healthy People measure defines the numerator as: the number of infant (under age 1 year) deaths due to sudden unexpected infant death (SUID) [ICD-10 codes: R95 (SIDS), R99 (Unknown Cause) and W75 (Accidental Suffocation and Strangulation in Bed)], the exact same definition as this LaPAS measure.

6. Data Source, Collection and Reporting:

The Louisiana State Registrar and Vital Records and Statistics Office are responsible for the collection of all birth and death events in the State of Louisiana. Statistical “close-out” files are produced for each calendar year after the successful completion of all quality checks. In the interim, preliminary files are made available for internal planning purposes. Measures calculated based on preliminary files are subject to change and should be interpreted with caution.

Bureau of Family Health epidemiologists receive preliminary files on a monthly basis and close-out files as anticipate about 18 months between the end of a given calendar year and the release of the final statistical file for that year. During this time, finalization of collection, cleaning, and audits of the vital records files are conducted. There is some variability in the availability of data, but a range of 12 to 24 months is expected. When preliminary data are used, a 90-day lag in records processing is allowed in hopes of achieving a better approximation to final data.

7. Calculation Methodology:

The CDC and Healthy People 2020 define a SUID death as an infant death (less than 1 year old at time of death) where the underlying cause of death is listed as any one of the ICD-10 codes R95, R99, or W74. The infant mortality rate due to SUID is calculated as the number of resident newborns in a specified geographic area (country, state, county, etc.) dying under one year of age due to one of the three SUID ICD-10 codes divided by the number of resident live births for the same geographic area (for a specified time period, usually a calendar year) and multiplied by a factor of either 1,000 or 100,000. **Calculation:** (Number of resident infant deaths due to underlying ICD-10 codes R95, R99, or W74 / Number of resident live births) x 100,000

8. Scope:

The indicator as proposed is aggregated at the state level and made available on an individual calendar year basis. This indicator can be broken down by smaller geographic locations such as a region as well as various maternal demographic characteristics (e.g. -race, education) as long as there is a minimum of 20 cases. It is important to recognize that as the indicator is disaggregated, the number of deaths may become small. It is not recommended to report the infant mortality rate when the number of deaths falls below 20 due to statistically unreliability, so care must be used when identifying the scope of the measure released for program, planning, or

PERFORMANCE INDICATOR DOCUMENTATION

other purposes.

Per the NAPHSIS Statistical Measure and Definitions website: In less densely populated areas, annual numbers of infant deaths may be small (<10 or 20) which would result in an infant mortality rate considered to be too unstable or unreliable for analysis. Adding additional years (three or five-year average annual rates) and/or expanding the area to be studied should result in a larger number of deaths and more reliable rates for analysis.

PERFORMANCE INDICATOR DOCUMENTATION

9. Caveats: The data are collected as part of the National Vital Statistics System and are reasonably expected to be available long- term. The data are collected and maintained in such a way as to be subject to little bias. The main threats to validity include failure of field facilities to accurately report 100% of vital records events and missing data that were unable to be obtained despite best efforts. It is reasonable to expect that in most if not all reporting years, the bias present in the data is minimal and that the data are of sufficient quality to be used with confidence.

10. Responsible Person: While the Louisiana Vital Records and Statistics program is responsible for the collection of vital records data, the Bureau of Family Health Maternal and Child Health CDC assigned epidemiologist maintains responsibility for analysis.

Contact information:

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Centers for Disease Control and Prevention
assignee Epidemiologist to the State of Louisiana
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services: the Bureau of Family Health will promote optimal health for all Louisiana women, children, teens, and families each year through June 30, 2019.

INDICATOR NAME: Count of unduplicated patients receiving reproductive health services during the measurement period.

LaPAS PI Code: 2395

1. **Type and Level:** Outcome and General
2. **Rationale:** The indicator measures the reach of the reproductive health program in communities where services are provided. It is also a valid measure of performance.
3. **Use:** This performance indicator is used to measure the progress the reproductive health program is making in the provision of services to men, women, and youths in need of reproductive health services. The indicator will be used for internal management purposes as well as performance-based budgeting purposes.
4. **Clarity:** The performance indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited. Client service data will be accurately reported through the statewide EHR system and Comprehensive Online Medical Patient Accountability Software System (COMPASS), when necessary.
6. **Data Source, Collection, and Reporting:** The EHR and COMPASS are the data sources. Data are gathered quarterly and annually, and are reported on a state fiscal year. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The measure reports the unduplicated count of patients who received at least one Reproductive Health visit during the measurement period. A medical visit is defined using the Current Procedural Terminology (CPT) code set. The following table lists codes that define an encounter as a medical visit.

Description	CPT
Preventive Visit	99381,99382,99383,99384,99385,99386,99387,99391,99392,99393,99394,99395,99396,99397
E/M Problem Focused Visit	99201,99202,99203,99204,99205,99211,99212,99213,99214,99215
Nursing Assessment/Evaluation	T1001*

*T1001 is not a CPT recognized code; however, it is an accepted problem focused visit code with Louisiana DHH Medicaid and should be included in this measure.

PERFORMANCE INDICATOR DOCUMENTATION

8. **Scope:** The indicator is aggregated. It can be stratified by region or parish.
9. **Caveats:** Data entry by clinical staff is a limitation. The indicator is a proxy and the source of data are not biased. There are no caveats that data users should be aware of.

10. Responsible Person:

Randal Leggett

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Bureau of Family Health

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Percentage of infants born to mothers beginning prenatal care in the first trimester

LaPAS PI Code: 13749

Type and Level: Outcome and General

- 1. Rationale:** First Trimester Prenatal Care Entry has been a long standing benchmark measure by which to estimate access to care and health-seeking behaviors of pregnant women. As a result, it is a standard measure for many Maternal and Child Health Programs in the US.
- 2. Use:** This indicator will be used in management decision making and internal management purposes.
- 3. Clarity:** First Trimester Prenatal Care Entry clearly identifies what is being measured. The first trimester is uniformly defined as the first three months of pregnancy. This measure is reported as the percent of women who enter prenatal care during the first trimester of pregnancy and is calculated by dividing the number of women who enter prenatal care in the first trimester in a calendar year by the number of women who deliver a live birth during the same period. Results are presented as percents and can be interpreted as number of women per 100 who enter prenatal care in the first trimester. This definition is consistent with that reported by the National Vital Statistics System. NCHS does not report percents based on fewer than 20 births in the numerator; this is of little concern at the State, Regional, or even Parish level since even disaggregated data usually have at least 20 births in the numerator.
- 4. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor; however, other checks of validity and reliability are routinely performed. The Louisiana DHH Office of Public Health Center for Records and Statistics works to maintain a strong relationship with the National Center for Health Statistics (NCHS). NCHS is the federally recognized organization with responsibility for archiving all vital records events in the United States. Agreements containing specific instructions on the collection and management of events are in place with each US state and territory. States are required to send vital records data to NCHS as part of these agreements. In addition to the numerous internal audits and checks performed by the Louisiana office, NCHS performs independent data checks on Louisiana (and all other state) data. When questions arise, NCHS contacts Louisiana to investigate and resolve the question. Data

PERFORMANCE INDICATOR DOCUMENTATION

are then edited as appropriate and resubmitted to NCHS. This ongoing partnership assures the maintenance of high quality vital records data deemed valid and reliable at the state and federal levels. Further underscoring the appropriateness of the calculation, NCHS uses the formula referenced in item #7 below to report the percent of women entering prenatal care in the first trimester for the US and each state and territory.

- 5. Data Source, Collection and Reporting:** The Louisiana State Registrar and DHH Office of Public Health Center for Records and Statistics are responsible for the collection of all birth events in the State of Louisiana. Information captured at or near the time of delivery is also recorded on the birth record. The “month [of pregnancy] prenatal care began” is collected as part of the Louisiana standard birth record. Statistical “close-out” files of vital records events are produced for each calendar year after the successful completion of all quality checks. These files are then shared with the Maternal and Child Health program for analyses. Currently, it is reasonable to anticipate about 18 months between the end of a given calendar year and the release of the final statistical file for that year. During this time, finalization of collection, cleaning, and audits of the vital records files are conducted. There is some variability in the availability of data, but a range of 12 to 24 months is expected.
- 6. Calculation Methodology:** The March of Dimes Peristats website reports that timing of prenatal care calculations stratifies the timing of the mother's entry into prenatal care into three categories. These categories include: "Early prenatal care," which is care started in the 1st trimester (1-3 months); "Second trimester care" (4-6 months); and "Late/no prenatal care," which is care started in the 3rd trimester (7-9 months) or no care received. This calculation is based on the number of live births to mothers in the early prenatal care category divided by all live births, excluding those missing data on prenatal care, multiplied by 100. Calculation: (Number of resident births where maternal prenatal care began in months 1 to 3 of pregnancy/Total number of resident live births) x 100
- 7. Scope:** The indicator as proposed is aggregated at the state level and made available on an individual calendar year basis. This indicator can be broken down by both smaller geographic locations (e.g. – Public Health Region, Parish, Zip Code) as well as various maternal demographic characteristics (e.g. – race, education). If this indicator is disaggregated by multiple factors simultaneously (e.g.- by parish and race at the same time), the number of births in each group may become too small for statistical analysis. It is not recommended to report first trimester prenatal care entry when the number of births where prenatal care was received in the first trimester falls below 20, as data may be statistically unreliable.
- 8. Caveats:** This indicator does not have significant limitations and is fairly straightforward in both measurement and reporting. However, unlike vital records events themselves, data captured as ancillary information may at times be missing from the record. Certain factors, such as geographic and provider transience in between receipt of care and the actual delivery event may result in women with certain characteristics being more likely to be missing information than women who remain in one geographic location with only one provider. In addition, failure of field facilities to report 100% of vital records events

PERFORMANCE INDICATOR DOCUMENTATION

may introduce some bias in this estimate, although bias due to unreported events is reasonably expected to be quite small.

9. While this indicator is expected to be available long-term, there is a caveat that must be mentioned. Data for first trimester prenatal care entry are not considered comparable between the 1989 Revision of the U.S. Standard Certificate of Live Birth (unrevised) and the 2003 U.S. Standard Certificate of Live Birth (revised), despite being collected on both forms. Substantive changes in both question wording and the sources for this information have resulted in data that are not comparable between revisions. The wording of the prenatal care item was modified to “Date of first prenatal visit” from “Month prenatal care began.” In addition, the 2003 revision process resulted in recommendations that the prenatal care information be gathered from the prenatal care or medical records, whereas the 1989 revision did not recommend a source for these data. Prenatal care data based on the 2003 revised certificate show a markedly less favorable picture of prenatal care utilization in the U.S. than data from the 1989 certificate. Most of the difference can be attributed to changes in reporting and *not* to changes in prenatal care utilization. Performing a trend analysis of these data before and after the implementation of the revised certificate is not valid.
10. **Responsible Person:** While the Louisiana Vital Records and Statistics program is responsible for the collection of vital records data, the Bureau of Family Health’s Center for Disease Control and Prevention assigned epidemiologist maintains responsibility for analysis.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Public Health Services

ACTIVITY: Bureau of Family Health

OBJECTIVE IV: Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Percentage of children with special health care needs receiving care in a Medical Home

LaPAS PI Code: 24164

1. **Type and Level:** Outcome and General
2. **Rationale:** The indicator is collected by CDC as part of the National Survey of Children with Special Healthcare Needs and is therefore a population based measure with high sensitivity and specificity. It is only collected every 4 years.
3. **Use:** The indicator reflects progress of our whole healthcare system in meeting the needs of children with special healthcare needs in Louisiana and permits comparison with other states and the national average. It is not useful for performance-based budgeting purposes since it reflects Medicaid policies and population changes in addition to CSHS activities.
4. **Clarity:** The definition of Children with Special Healthcare Needs is the broad Maternal Child Health Bureau definition: Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. The most common diagnoses in this group are asthma and attention deficit disorder.
5. **Accuracy, Maintenance, Support:** The indicator data is collected by CDC. The data offers highly precise and reliable population estimates for individual and family characteristics. The information can be compared with the national average and with other states with great Accuracy, Maintenance, Support.
6. **Data Source, Collection and Reporting:** The indicator data is collected by CDC by telephone survey (the National Children with Special Healthcare Needs Survey) and is therefore independent of the CSHS program. The survey is done every four years. Data is available for 2001 and 2005/6.
7. **Calculation Methodology:** Survey questions are adjusted each year the survey is conducted in order to improve data quality. Comparisons can be made in any one year with the national average. For questions that are not changed, comparisons can be made from one survey year to the next. In order to meet the criteria for having a medical home,

PERFORMANCE INDICATOR DOCUMENTATION

several criteria must be met, including that the family says their care in a medical home is ongoing, comprehensive and coordinated.

8. **Scope:** The data cannot be broken down by region or parish but is provided for the whole state.
9. **Caveats:** The data is only collected every 4 years. The outcome is a reliable indicator for Louisiana but reflects our entire healthcare system and not just CSHS activities.
10. **Responsible Person:** The information is available online from CDC. The CSHS epidemiologist has access to the data set and can conduct sub-analyses for the Louisiana data. Nicole Richmond is the CSHS epidemiologist responsible for reporting CSHS data. Susan Berry is the Director who can also provide data.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Immunization

OBJECTIVE VI: Public Health Services, through its immunization activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The children of Louisiana will be those who will benefit. The State and its communities will also benefit from the prevention, diminished occurrence and transmission of diseases through immunizations.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Immunization

OBJECTIVE V: Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

INDICATOR NAME: Percentage of children 19 to 35 months of age up to date for 4-Diphtheria- Tetanus-Pertussis; 3-Polio; 1-Measles-Mumps-Rubella; 3-Haemophilus influenza type b; 3- Hepatitis B; 1-Varicella; and 4-Pneumococcal Conjugate type B vaccines

LaPAS: 24165

1. **Type and Level:** Output and Key
2. **Rationale:** Indicator is used to measure the outcome of how well children in the 19 to 35 months age group population are up to date by 24 months of age according to the ACIP schedule.
3. **Use:** Performance indicator serves as a measure of the effectiveness of the immunization program and is critical to the goal of preventing the occurrence and transmission of vaccine preventable diseases and to revise and target interventions and allocate resources.
4. **Clarity:** In this analysis, complete immunization is defined as 4 Diphtheria-Tetanus-Pertussis Vaccine (DTP), 3 Poliovirus Vaccine (IPV), 3 Hepatitis B Vaccine (HBV), 1 Measles, Mumps, and Rubella Vaccine (MMR), and 1 Varicella Vaccine (VAR) by 24 months of age.
5. **Validity, Reliability, and Accuracy:** This indicator is captured at the National level by the Centers for Disease Control and Prevention (CDC) through its National Immunization Survey.
6. **Data Source, Collection and Reporting:** Annual
7. **Calculation Methodology:** The DHH OPH Immunization program does not compute this figure, but provides data as reported by the CDC.
8. **Scope:** Indicator available in state format and generally is compared to previous years' data.
9. **Caveats:** Represents immunization status of children 19 – 35 months of age by 24 months of age; Information is compiled at the national level
10. **Responsible Person:** Centers for Disease Control and Prevention

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Immunization

OBJECTIVE VI: Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

INDICATOR NAME: Percentage of kindergartners up to date with 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 2-Measles-Mumps-Rubella; 3- Hepatitis B; 2-Varicella

LaPAS: 24166

1. **Type and Level:** Outcome and Key
2. **Rationale:** Indicator is used to measure the outcome of how well immunized children are at school entry.
3. **Use:** Performance indicator is used to monitor need for OPH to be a direct provider of immunization services and to guide management in the distribution of limited resources.
4. **Clarity:** An appropriately immunized child must meet the minimum requirement of 4 DTP, 3 Polio, 2 MMR and 2 VAR with at least one DTP and one Polio after the 4th birthday.
5. **Accuracy, Maintenance, Support:** This information has not been audited. Immunization Consultants submit statistical reports and documentation.
6. **Data Source, Collection and Reporting:**
 - a) Collection: September through March
 - b) Reporting: April 15th of each year due in our office.
7. **Calculation Methodology:** Percentage of children fully immunized at kindergarten entry, in both public and non-public schools divided by total number of children enrolled in kindergarten.
8. **Scope:** Indicator is available in parish and state format. Generally, data is compared to previous years' data.
9. **Caveats:** Information is obtained from Louisiana accredited schools.
10. **Responsible Person:** The Immunization Consultant in each region.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Immunization

OBJECTIVE VI: Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

LaPAS: 24167

INDICATOR NAME: Percent of 6th graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tetanus diphtheria a cellular pertussis , 2-Varicella; 3- Hepatitis B; 1-Measles-Mumps-Rubella

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This indicator demonstrates the outcome of how well adolescents aged 11 – 12 years that are immunized by the 6th grade milestone
3. **Use:** Performance indicator is used to monitor areas of need and guide management in the distribution of limited resources.
4. **Clarity:** In this analysis, complete immunization is defined as 1 Tetanus- Diptheria- Pertussis Booster Dose (TdaP), 1 Meningitis Vaccine (MCV4), 2 Measles, Mumps, and Rubella Vaccine (MMR), 2 Varicella Vaccine (VAR) and 3 Hepatitis B Vaccine (HBV) by 11-12 years of age.
5. **Accuracy, Maintenance, Support:** This indicator is captured by Immunization Consultants who submit statistical reports and documentation to the OPH Immunization Program. It has not been audited.
6. **Data Source, Collection and Reporting:**
 - a. Collection: September through March
 - b. Reporting: April 15th of each year due in our office.
7. **Calculation Methodology:** Percentage of adolescents age 11- 12 years or in 6th grade fully immunized, in both public and non-public schools divided by total number of 6th grade children enrolled in schools.
8. **Scope:** Indicator available in parish and state format.
9. **Caveats:** Information is obtained from Louisiana accredited schools.
10. **Responsible Person:** Immunization Consultant in each region

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VI: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons who will benefit most from the objective will be children from one to five years old. This is the category of participants that have the lowest penetration rate. Persons who meet the qualifications to participate in the commodity supplemental food program and persons who are overweight or obese.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of breastfeeding initiatives across state agencies and private organizations each year through June 30, 2019.

INDICATOR NAME: Percentage of postpartum women enrolled in WIC who breastfeed.

LaPAS PI Code: 25608

- 1. Type and Level:** Output and Supporting
- 2. Rationale:** The United States Department of Agriculture, (USDA) the sole funding source of the WIC Program in Louisiana, mandates all State WIC Programs to track the number of individuals served by the WIC Program which is defined as WIC participation. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental foods. In FY 2004, Congress appropriated funds to expand WIC breastfeeding support services through peer counseling for a more effective and comprehensive breastfeeding program.
- 3. Use:** WIC participation performance indicator is utilized to determine federal funding and State budget appropriation for the Louisiana WIC Program. It also is used to monitor individual WIC clinic performance, staffing, equipment and other WIC infrastructure. The higher the number of WIC participants the more citizens are impacted by nutrition education and breastfeeding support, healthy food benefits resulting in better pregnancy outcomes and children who are healthy and ready for school. Breastfeeding peer counseling funds are also awarded in accordance with WIC participation.
- 4. Clarity:** This is the number of low income participants who have been found to be eligible to receive WIC services and who possess WIC food instruments valid for a specific month to redeem for prescribed breastfeeding food benefits based on assessed nutrition risk. Participation is defined by USDA as: 1) the number of persons who received supplemental foods or food instruments (vouchers/checks) during the reporting period (valid month); 2) the number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; 3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.

PERFORMANCE INDICATOR DOCUMENTATION

5. **Accuracy, Maintenance, Support:** The number of breastfeeding WIC participants is a tabulation of the number of breastfeeding individuals being served by each WIC clinic each month. This information is collected and aggregated by the automated WIC management information system (PHAME).
6. **Data Source, Collection and Reporting:** The source of the data is the WIC electronic application, PHAME, which generates monthly reports on the 6th of the month following the reporting month. Data is available monthly with an annual average to date reported. The data is available by state, federal and rolling twelve months
7. **Calculation Methodology:** The data is calculated by the WIC electronic application, PHAME, and is based on the number of breastfeeding participants who receive at least one Food Instrument per valid month.
8. **Scope:** Specific data is available for each WIC breastfeeding participant category: breastfeeding women, fully breastfed infants and partially breastfed infants, non-breastfed infants. The data is aggregated and available by WIC clinic site as well as OPH Region and statewide.
9. **Caveats:** It is important to note that PHAME does not provide data relative to the number of breastfeeding participant visits and the participant numbers are not duplicated for the monthly reports.
10. **Responsible Person:** A team is responsible for the collection, analysis and quality of data. The team consists of the Director of Nutrition Services, the Assistant Director of Nutrition Services, the Nutrition Services Data Manager, DHH-IT staff, and the Project developer for CIBER, Inc.

Nutrition Services Director
628 N. 4th Street
Baton Rouge, LA 70802
Telephone: 225-342-7988
Fax: 225-342-8312

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VI: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

INDICATOR NAME: Number of Monthly WIC Participants

LaPAS PI Code: 2384

1. **Type and Level:** Output and Key
2. **Rationale:** The United States Department of Agriculture,(USDA) the sole funding source of the WIC Program mandates all State WIC Programs to track the number of individuals served by the WIC Program which is defined as WIC participation. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental foods
3. **Use:** This performance indicator is utilized to determine federal funding and State budget appropriation for the Louisiana WIC Program. It also is used to monitor individual WIC clinic performance, staffing, equipment and other WIC infrastructure. The higher the number of WIC participants the more citizens are impacted by nutrition education and healthy food benefits resulting in better pregnancy outcomes and children who are healthy and ready for school.
4. **Clarity:** This is the number of low income participants who have been found to be eligible to receive WIC services and who possess WIC food instruments valid for a specific month to redeem for prescribed food benefits based on assessed nutrition risk. Participation is defined by USDA as: 1) the number of persons who received supplemental foods or food instruments (vouchers/checks) during the reporting period (valid month); 2) the number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; 3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.
5. **Accuracy, Maintenance, Support:** The nutrition services program was audited by the Legislative Auditors office and has satisfied all audit findings. The number of monthly WIC participants is a tabulation of the number of individuals being served by each WIC clinic each month. This information is collected and aggregated by the automated WIC management information system (PHAME).

PERFORMANCE INDICATOR DOCUMENTATION

- 6. Data Source, Collection and Reporting:** The source of the data is the WIC electronic application, PHAME, which generates monthly reports on the 6th of the month following the reporting month. Data is available monthly with an annual average to date reported. The data is available by state, federal and rolling twelve months.
- 7. Calculation Methodology:** The data is calculated by the WIC electronic application (PHAME) and is based on the number of individual participants who receive at least one food instrument a valid month.
- 8. Scope:** Specific data is available for each WIC participant category: pregnant women, breastfeeding women, non-breastfeeding women, fully breastfed infants, partially breastfed infants, non-breastfed infants and children ages 1 to 5 years of age. The data is aggregated and available by WIC clinic site as well as OPH Region and statewide.
- 9. Caveats:** It is important to note that PHAME does not provide data relative to the number of participant visits and the participant numbers are not duplicated for the monthly reports.
- 10. Responsible Person:** A team is responsible for the collection, analysis and quality of data. The team consists of the Chief of Nutrition Services, the Assistant Chief of Nutrition Services, the Nutrition Services Finance and Data Manager, DHH-IT PHAME Project Manager, Project developer for CIBER, Inc.

Nutrition Services Director
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Number of Monthly Commodity Supplemental Food Program (CSFP) Participants

LaPAS PI Code: 24168

1. **Type and Level:** Output and Supporting
2. **Rationale:** The United States Department of Agriculture,(USDA) the sole funding source of CSFP assigns each year a caseload limit to each state. The CSFP Program must monitor the number of participants served to reach the caseload limit without exceeding it over a caseload cycle from January 1 through December 31 each year. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental foods.
3. **Use:** This performance indicator is based on Congressional appropriated funds which are then utilized by USDA to establish caseloads for each state. It also is used to monitor the sub recipient, Food For Families/Food For Seniors productivity in serving Louisiana citizens in need of food and nutrition assistance. The higher the number of CSFP participants the more citizens are impacted by nutrition education and healthy food benefits resulting in better nutritional status of senior citizens; better pregnancy outcomes; and children who are healthy and ready for school. The ultimate result is a savings to health care dollars spent in the state.
4. **Clarity:** The number of monthly CSFP participants is the number of senior citizens above sixty years of age, pregnant women, postpartum women up to one year after termination of pregnancy, number of infants under one year of age and the number of children up to age six who are found to be eligible for the program.
5. **Accuracy, Maintenance, Support:** The number of monthly CSFP participants is a tabulation of the number of signatures of individuals or designated alternates who received a food benefit box served by each Food For Families/Food For Seniors distribution site. This information collected is aggregated by State CSFP staff.
6. **Data Source, Collection and Reporting:** The source of the data is documents provided to the State CSFP staff by the Food For Families/Food For Seniors sub recipient. The

PERFORMANCE INDICATOR DOCUMENTATION

data is reported on a monthly basis reflecting the participants served from the previous 30 days. The data is provided to USDA on a month based on the federal fiscal year beginning October 1st and ending September 30th. USDA compares monthly reports to the caseload assigned.

- 7. Calculation Methodology:** The data is based solely on a numeric count of the number of signatures of participants or designated alternates who received a food benefit box for a specific month.
- 8. Scope:** Specific data is available for each CSFP participant category: seniors, pregnant women, breastfeeding women up until their infant reaches 1 year of age, postpartum women up until one year post termination of the pregnancy, infants up until age 1 year, children from one to six years old.
- 9. Caveats:** The limitation of the data is that it is not captured real time electronically and leaves room for human error due to manual data collection.
- 10. Responsible Person:** The Nutrition Services, CSFP Program Monitor is responsible for data collection from the Food for Families/Food for Seniors sub recipient. For information please contact:

CSFP Program Monitor
Telephone: 225-342-8254
Fax: 225-342-8312

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Number of collaborative initiatives addressing obesity.

LaPAS PI Code: 24169

1. **Type and Level:** Output and Supporting
2. **Rationale:** This indicator demonstrates that partnerships are being formed across the state developing collaborative initiatives to promote healthy eating and physical activity with the goal of preventing obesity.
3. **Use:** It will be utilized when applying for funding from entities such as CDC to demonstrate the activities organized within the state which would meet the requirements of individual grant opportunities.
4. **Clarity:** Not applicable
5. **Accuracy, Maintenance, Support:** No funding is tied to this indicator, therefore audits are not applicable.
6. **Data Source, Collection and Reporting:** The data is gathered by the Coordinator of the Obesity Council at the quarterly meetings of the council.
7. **Calculation Methodology:** Not applicable
8. **Scope:** The data can be provided on the parish level.
9. **Caveats:** Not applicable
10. **Responsible Person:**

Coordinator, Louisiana Council on Obesity Prevention and Management
Telephone: 225-342-7901
Fax: 225-342-8312

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Percentage of WIC eligible clients served

LaPAS PI Code: 10857

1. **Type and Level:** Output and General
2. **Rationale:** Percentage of potentially eligible WIC participants provided to the State by a report from USDA.
3. **Use:** This performance indicator is use to monitor in a broad sense the underserved areas of the State.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The data is not valid due to the age of the report provided to the State.
6. **Data Source, Collection and Reporting:** Annually the percentage of potentially eligible WIC participants served is reported.
7. **Calculation Methodology:** The annual average monthly participation is divided by the total number of potentially eligible WIC participants provided by USDA.
8. **Scope:** The number of participants in each WIC category is aggregated to provide a statewide average monthly total.
9. **Caveats:** This indicator is weak due to the data provided by USDA being antiquated and based on a 1989 report.
10. **Responsible Person:**

Nutrition Services Finance and Data Manager
Phone: (504)568-8216
Fax: (504)568-8232

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Number of WIC fraud investigations

LaPAS PI Code: 10858

1. **Type and Level:** Output and General Performance Information
2. **Rationale:** The indicator measures the total number of covert (undercover) investigations conducted at WIC Authorized Vendors (grocery stores).
3. **Use:** This performance indicator is used to monitor the level of compliance with state and federal rules and regulations as mandated by USDA for the WIC Program
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Program records of investigation reports submitted by WIC staff who conduct the covert investigations.
6. **Data Source, Collection and Reporting:** Collection of the data is ongoing and reported to USDA annually.
7. **Calculation Methodology:** Total number of investigations conducted
8. **Scope:** The number of investigations can be determined statewide as well as on a regional and parish level.
9. **Caveats:** None
10. **Responsible Person:**

WIC Vendor Manager
Telephone: 504-361-6718
Fax: 504-361-6848

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Those who will most benefit are persons at risk for HIV infection (e.g. sexually active persons), their family members, and those who care for them.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of TB infected contacts who complete treatment

LaPAS PI Code: 24170

1. **Type and Level:** Outcome and Key
2. **Rationale:** Preventive treatment for tuberculosis reduces the number of cases developing in the future. The increase in prevention will reduce case rates and reduce the number of contacts exposed. This indicator was selected to evaluate direct outcomes which will reduce disease.
3. **Use:** This indicator is used to focus program resources on this priority group. TB Prevention Completion is used for internal decision making and will be used for performance-based budgeting.
4. **Clarity:** The indicator does not specify High Risk Contacts but it is used specifically for contacts.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. The performance indicator will be calculated directly from the contacts medical record. It allows for accurate, valid and reliable information.
6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The calculation is a standard percentage (total cases completing treatment in 12 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.
8. **Scope:** The indicator is the sum of the individual regional indicators. It is contacts only.
9. **Caveats:** This indicator has no caveats.
10. **Responsible Person:** Michael J. Lacassagne, State Program Manager, TB Control Program is responsible (504) 568-5015.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of culture confirmed cases completing treatment within 12 months

LaPAS PI Code: 25609

1. **Type and Level:** Quality and Supporting
2. **Rationale:** This indicator is primary to measure the performance of the TB Control Program. This indicator measures all aspects of the TB Control Program (Pharmacy, Laboratory, clinical and outreach).
3. **Use:** The indicator is used by each region to measure the efficiency of operations related to other regions and the state. This indicator is used only for internal management purposes.
4. **Clarity:** It does clearly identify the objective
5. **Accuracy, Maintenance, and Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The evidence is supported by the medical records of cases treated for tuberculosis.
6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The calculation is a standard percentage (total cases completing treatment in 12 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.
8. **Scope:** It is a part of a larger whole. It cannot be broken down or combined.
9. **Caveats:** Not Applicable.
10. **Responsible Person:** Michael J. Lacassagne, State Program Manager, TB Control Program is responsible (504) 568-5015.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of pulmonary culture confirmed cases converting sputum culture within two months

LaPAS PI Code: 25610

1. **Type and Level:** Quality and Supporting
2. **Rationale:** This indicator is primary to measure the performance of the TB Control Program. This indicator measures all aspects of the TB Control Program (Pharmacy, Laboratory, clinical and outreach).
3. **Use:** The indicator is used by each region to measure the efficiency of operations related to other regions and the state. This indicator is used only for internal management purposes.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The evidence is supported by the medical records of cases treated for tuberculosis.
6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The calculation is a standard percentage (total pulmonary cases converting sputum in 2 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.
8. **Scope:** It is a part of a larger whole. It cannot be broken down or combined.
9. **Caveats:** Not Applicable.
10. **Responsible Person:** Michael J. Lacassagne, State Program Manager, TB Control Program is responsible (504) 568-5015.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of newly diagnosed HIV clients linked to HIV-related medical care within 30 days of diagnosis

LaPAS PI Code: 25039

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** One of the goals of the National HIV/AIDS Strategy is “increasing access to care and improving health outcomes for people living with HIV.” The national objective is to “increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.”
(<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>)
3. **Use:** The indicator will be used to determine progress towards meeting the National HIV/AIDS Strategy goal of increasing the proportion of newly diagnosed patients linked to clinical care within one month of their HIV diagnosis.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy. The Louisiana Sanitary Code mandates the reporting of all CD4 and viral load results.
6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** Numerator: Number of persons newly diagnosed with HIV in Louisiana who are linked to HIV-related medical care (i.e., have a CD4 and/or VL test

PERFORMANCE INDICATOR DOCUMENTATION

result) within 30 days. Denominator: Number of persons newly diagnosed with HIV in Louisiana. This indicator is identical to the linkage to care indicator in the National HIV/AIDS Strategy and is calculated using the same methodology. This measure is also one of the US Department of Health and Human Services (HHS) seven core indicators for monitoring HHS-funded HIV services.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
9. **Caveats:** The date of the first CD4 or viral load result after diagnosis is used as a proxy for the date a person is linked to HIV-related medical care. Because most persons who are newly diagnosed with HIV receive a CD4 and viral load test at their initial care visit and because the Louisiana Sanitary Code mandates the reporting of all CD4 and viral load results, this is the best proxy available.

10. Responsible Person:

Debbie Wendell, PhD, MPH
Data Management/Analysis Unit Manager
Department of Health and Hospital's Office of Public Health, STD/HIV Program
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New Orleans, LA 70112
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of persons living with HIV whose most recent viral load in the past 12 months was <200 copies/mL

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** The ultimate goal of diagnosing and linking HIV-infected persons to medical care and retaining them in care is to ensure they receive appropriate antiretroviral therapy and achieve viral suppression. Individuals who are virally suppressed have significantly better health outcomes and are less likely to transmit HIV to others.
3. **Use:** The indicator will be used by management to determine whether statewide linkage, retention in care, and treatment adherence strategies are increasing the proportion of persons living with HIV in Louisiana who are virally suppressed.
4. **Clarity:** Viral suppression is defined as having a viral load result <200 copies/mL at the most recent test within the past 12 months.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy. The Louisiana Sanitary Code mandates the reporting of all viral load results.
6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** Numerator: Number of persons living with HIV in Louisiana whose most recent viral load in the past 12 months is <200 copies/mL. Denominator: Number of persons living with HIV in Louisiana. This measure is consistent with the HHS indicator for monitoring HHS-funded HIV services but is

PERFORMANCE INDICATOR DOCUMENTATION

calculated with a slightly different denominator. Use of the above denominator better reflects a population-level outcome and overall progress toward controlling and reducing HIV, where the HHS indicator is focused on the quality of HIV-related medical care.

8. Scope: The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. Caveats: None known.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection

LaPAS PI Code: 25612

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Louisiana has had the highest rates of primary and secondary syphilis in the US for the past 6 years. Therefore, it is critical that persons diagnosed with syphilis are identified and treated as soon as possible in order to prevent transmission to others. Prompt treatment of syphilis is a national STD prevention priority.
3. **Use:** The indicator is used by management to evaluate and improve the effectiveness of statewide testing, treatment and partner services programs.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All STD data are reported to and maintained by the DHH OPH STD/HIV Program. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana syphilis data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is PRISM, the reporting system used to collect STD case reports and laboratory data. Data are collected, reported and entered into PRISM on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** Numerator: Number of reported primary and secondary syphilis cases in Louisiana that are treated within 14 days from the date of specimen collection. Denominator: Number of reported primary and secondary syphilis cases in Louisiana. This measure is identical to the Centers for Disease Control and Prevention's STD Prevention Program Performance Measures.

PERFORMANCE INDICATOR DOCUMENTATION

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
9. **Caveats:** Some private providers who diagnose primary or secondary syphilis do not provide on-site treatment and instead send their patients to local parish health units for treatment, which may result in treatment delays.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of people living with HIV in Louisiana

LaPAS PI Code: 25614

1. **Type and Level:** Input and General
2. **Rationale:** The Louisiana Sanitary Code mandates the reporting of all persons living with HIV in Louisiana. Monitoring and reporting on the number and characteristics of persons living with HIV are core program functions and necessary for planning and public health intervention.
3. **Use:** This indicator is the denominator for the “viral suppression among persons living with HIV” performance indicator. In addition, the indicator is used by management to help determine the number of people in Louisiana who are in need of HIV care and treatment services. This indicator is also used for prevention and services planning and state and federal resource allocation.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is calculated as the number of people reported to be living with HIV in Louisiana as of a given date.

PERFORMANCE INDICATOR DOCUMENTATION

- 8. Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
- 9. Caveats:** The indicator does not include people living with HIV who are undiagnosed or people who have moved to Louisiana from out of state and have not yet entered medical care. The indicator may include people who may be living out of state whose current address has not yet been updated in the Louisiana eHARS database.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of new HIV diagnoses in Louisiana

LaPAS PI Code: 25615

1. **Type and Level:** Input and General
2. **Rationale:** The Louisiana Sanitary Code mandates the reporting of all new HIV diagnoses in Louisiana. Monitoring and reporting on the number and characteristics of new HIV diagnoses are core program functions and necessary for planning and public health intervention.
3. **Use:** This indicator is the denominator for the “linkage to HIV-related medical care within 3 months of diagnosis” performance indicator. In addition, the indicator is used by management to determine how effectively statewide HIV testing programs are identifying undiagnosed HIV-infected persons. This indicator is also used for prevention and services planning.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is calculated as the number of people newly diagnosed with HIV in a given time period who were living in Louisiana at the time of diagnosis.

PERFORMANCE INDICATOR DOCUMENTATION

- 8. Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
- 9. Caveats:** The indicator does not include people who are tested anonymously; however, the proportion of persons testing anonymously has significantly decreased in recent years. In 2012, only 0.5% of all positive tests were anonymous.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of HIV tests conducted at publicly-funded sites

LaPAS PI Code: 2325

1. **Type and Level:** Output and General
2. **Rationale:** Reducing undiagnosed infection leads to better individual and population health outcomes, extending lives and reducing the likelihood of HIV transmission, and is a core strategy in the national and state effort to control and reduce HIV.
3. **Use:** The indicator is used by management to determine the effectiveness of efforts to expand access and uptake of HIV testing in community and clinical settings, including emergency rooms, parish health units, correctional facilities, community health centers, community-based organizations and outreach and field settings.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV testing data are maintained by the DHH OPH STD/HIV Program in a local database (HIV Testing Manager). Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana's HIV testing data meet CDC standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is the HIV Testing Manager, the data collection system used to store HIV test results. Data are collected, reported and entered on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is a sum of tests performed at various SHP-supported testing organizations and sites.
8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

PERFORMANCE INDICATOR DOCUMENTATION

- 9. Caveats:** This measure does not encompass all HIV tests performed in Louisiana, only those supported with public funds.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of primary and secondary syphilis cases

LaPAS PI Code: 25613

1. **Type and Level:** Input and General
2. **Rationale:** The Louisiana Sanitary Code mandates the reporting of all syphilis diagnoses in Louisiana. Louisiana has had the highest rates of primary and secondary syphilis in the US for the past 6 years. Therefore, it is critical that the number of new syphilis cases be monitored, in order to evaluate the effectiveness of syphilis elimination strategies. Monitoring and reporting on the number and characteristics of syphilis diagnoses are core program functions and necessary for planning and public health intervention.
3. **Use:** This indicator is the denominator for the “treatment of primary and secondary syphilis within 14 days of diagnosis” performance indicator. This indicator is also used for STD prevention and services planning.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All STD data reported to and maintained by the DHH OPH STD/HIV Program. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana syphilis data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is PRISM, the reporting system used to collect syphilis, gonorrhea and Chlamydia case reports and laboratory data. Data are collected, reported and entered into PRISM on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is calculated as the number of people diagnosed with primary or secondary syphilis in a given time period who were living in Louisiana at the time of diagnosis.

PERFORMANCE INDICATOR DOCUMENTATION

8. Scope: The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. Caveats: None known.

10. Responsible Person:

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Epidemiologist

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Infectious Disease Epidemiology

OBJECTIVE VIII: Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

INDICATOR NAME: Completed case classifications within 10 working days of date of report

LaPAS PI Code: 25616

1. **Type and Level:** Output and Supporting
2. **Rationale:** Assess the level of reporting
3. **Use:** Internal management purposes
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)
7. **Calculation Methodology:** Query IDRIS
8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables
9. **Caveats:** None
10. **Responsible Party:**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Infectious Disease Epidemiology

OBJECTIVE VII: Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

INDICATOR NAME: Issue recommendations within five working days on selected conditions.

LaPAS PI Code: 25617

1. **Type and Level:** Output
2. **Rationale:** Assess the level of timeliness of response
3. **Use:** Internal management purposes
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)
7. **Calculation Methodology:** Query IDRIS
8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables
9. **Caveats:** None
10. **Responsible Party:**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Infectious Disease Epidemiology

OBJECTIVE VII: Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

INDICATOR NAME: Conduct follow up on recommendations on all outbreak investigations within 15 working days

LaPAS PI Code: 25618

1. **Type and Level:** Output and Supporting
2. **Rationale:** Assess the level of timeliness of response
3. **Use:** Internal management purposes
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)
7. **Calculation Methodology:** Query IDRIS
8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables
9. **Caveats:** None
10. **Responsible Party:**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials and provide emergency response testing for environmental, biological and chemical threats each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:

The Louisiana Office of Public Health Laboratory consists of a central laboratory in Baton Rouge and regional laboratories in Amite and Shreveport. The state's public health laboratory accredits chemistry laboratories (National Environmental Laboratory Accrediting Authority), shellfish water and meat laboratories, milk and dairy laboratories (FDA Authority) and can approve microbiology laboratories testing drinking water. OPH has the oldest and most comprehensive lab certification program in the state. The Public Health Laboratory will also support Infectious Disease Epidemiology and other OPH Sections in testing clinical specimens for the detection of emerging infectious diseases, outbreaks and STDs.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

Indicator Name: Percentage of bioterrorism lab tests completed within 72 hours

LaPAS PI Code: 15423

1. **Type and Level:** Output and Supporting
2. **Rationale:** To identify and collect biological and chemical agents and to complete lab testing within 72 hours
3. **Use:** This indicator is used to measure all preliminary testing (Rapid Test Methods) completed within 72 hours of receipt.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Specimens are collected by Law Enforcement Officials (LSP and Local Law Enforcement) and delivered to the State Public Health Lab for testing
6. **Data Source, Collection and Reporting:** Actual number of specimens collected by Law Enforcement Officials (LSP and Local Law Enforcement) and delivered to the State Public Health Lab for testing. This includes all preliminary testing (Rapid Test Methods) completed within 72 hours of receipt.
7. **Calculation Methodology:** Verification of the turnaround time for all test results (preliminary and confirmatory) is part of the laboratory quality control and quality assurance procedures mandated by Federal regulations (CLIA). Laboratory data is reviewed to determine total turn around for specimens during the analytical phase of testing (in laboratory performance of assay).
8. **Scope:** Confirmatory testing will take longer depending upon organisms/toxins for which testing is requested. Testing is done statewide.
9. **Caveats:** Completion within 72 hours
10. **Responsible Person:** Stephen J. Martin, Ph.D.; Director, Louisiana Office of Public Health Laboratories; 3101 West Napoleon Avenue; Metairie Louisiana 70001; Office 504-219-4664; Cell 225-329-8169; Fax 504-219-4670; Email stephen.martin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

INDICATOR NAME: Number of Lab Tests/Specimens Tested

LaPAS PI Code: 17387

1. **Type and Level:** Output and Key
2. **Rationale:** To identify and collect biological and chemical agents
3. **Use:** This indicator is used to measure all preliminary testing.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** All specimens are collected and tested (delete) by Law Enforcement Officials (LSP and Local Law Enforcement) or OPH Programs and State Agencies and delivered to the State Public Health Lab for testing.
6. **Data Source, Collection and Reporting:** Actual number of specimens collected and tested by Law Enforcement Officials (LSP and Local Law Enforcement) or OPH Programs and State Agencies and delivered to the State Public Health Lab for testing. This includes all preliminary testing. (Rapid Test Methods) completed within 72 hours of receipt.
7. **Calculation Methodology:** Verification of the turnaround time for all test results (preliminary and confirmatory) is part of the laboratory quality control and quality assurance procedures mandated by Federal regulations (CLIA). Laboratory data is reviewed to determine total turn around for specimens during the analytical phase of testing (in laboratory performance of assay).
8. **Scope:** Confirmatory testing will take longer depending upon organisms/toxins for which testing is requested. Testing is done statewide.
9. **Caveats:** Completion within established or regulatory or OPH Program
10. **Responsible Person:**
Stephen J. Martin, Ph.D., Director, Office of Public Health Laboratories; 3101 West Napoleon Avenue; Metairie Louisiana 70001; Office 504-219-4664; Fax 504-219-4670; Email stephen.martin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Public Health Services, through its Laboratory Services activity, process 95% of all specimens received by their analytical holding times each year through June 30, 2019.

INDICATOR NAME: Specimen Holding Time Violations

LaPAS PI Code: New

1. **Type and Level:** General
2. **Rationale:** Failure to test a specimen within time limits requires that the specimen be recollected (which increases costs) or cause a specimen to be unacceptable for testing is situations where a specimen cannot be recollected (the opportunity to collect information is lost; sometimes a patient is jeopardized).
3. **Use:** Determining the root cause or the failure allows eliminations of error. If the problem was staffing, IT support, or obsolete equipment there could be budget consequences.
4. **Clarity:** Yes
5. **Accuracy, Maintenance, Support:** This is a direct count of the occurrence of this error; it will be maintained as general laboratory documentation. This has not been audited by the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Date is collected monthly.
7. **Calculation Methodology:** No calculations involved. Only used by OPH.
8. **Scope:** This indicator is aggregate but, is collected for each laboratory section and then combined.
9. **Caveats:** There is no caveat. This is a straight forward percentage.
10. **Responsible Person:**
Data is collected by the lab managers. Aggregated by the laboratory QA officers. The Laboratory Directors are responsible for ensuring collection and analysis.
Stephen J. Martin, Ph.D., Director, Office of Public Health Laboratories; 3101 West Napoleon Avenue; Metairie Louisiana 70001; Office 504-219-4664; Fax 504-219-4670; Email stephen.martin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The DHH OPH Section of Environmental Epidemiology and Toxicology (SEET) investigates the health effects of chemical exposures in populations. It supports, collaborates, and participates in environmental health research. SEET is committed to reducing any known environmental threat to the public's health; it also provides information and data to the public to ensure better government policies and personal choices. Public health education efforts by SEET promote awareness of environmental health issues and are an integral part of its mission.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

INDICATOR NAME: Number of health consults and technical assists

LaPAS PI Code: 24198

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Included in goals and objectives of the Governor's Vision 20/20 plan.
3. **Use:** Demonstrates the efficiency and effectiveness of the Section of Environmental Epidemiology and Toxicology (SEET).
4. **Clarity:** The type of investigations that are conducted for Environmental Health Consults and Technical Assists are Health Related Incident Pesticide Reports (HRPIR), Number of Water bodies, National Toxic Substance Incidents Program (NTSIP) eligible events, Disease Cluster Investigations, Public Health Assessments (PHA), Health Statistic Reviews and Occupational Health Surveillance.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis.
7. **Calculation Methodology:** Incremental
8. **Scope:** Summation
9. **Caveats:** None
10. **Responsible Person:** DHH OPH Section of Environmental Epidemiology and Toxicology staff.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

INDICATOR NAME: Number of emergency reports screened from the Louisiana State Police and National Response and Poison Center

LaPAS PI Code: 24199

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Included in goals and objectives of the Governor's Vision 20/20 plan
3. **Use:** Demonstrates agency efficiency and effectiveness in reviewing and forwarding Louisiana State Police reports and forwarding to appropriate entity for follow up.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis
7. **Calculation Methodology:** Incremental
8. **Scope:** Summation
9. **Caveats:** None
10. **Responsible Person:** DHH OPH Section of Environmental Epidemiology and Toxicology staff

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

INDICATOR NAME: Number of Indoor Air Quality phone consults

LaPAS PI Code: 24196

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Included in goals and objectives of the Governor's Vision 20/20 plan
3. **Use:** Demonstrates agency efficiency and effectiveness in tracking and answering IAQ questions.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis
7. **Calculation Methodology:** Incremental
8. **Scope:** Summation
9. **Caveats:** None
10. **Responsible Person:** DHH OPH Section of Environmental Epidemiology and Toxicology staff

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Public Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of providers that have received education through conferences or BPCRH trainings

LaPAS Code: 25619

1. **Type and Level:** Output and Supporting
2. **Rationale:** This indicator was chosen due to the Rural Health Office's (RHO) goal of serving as a conduit of information between the federal government to local, rural, health care providers across the state. It allows the RHO to keep providers aware of federal regulation changes, grant opportunities, trainings, etc.
3. **Use:** It will be used internally as an indicator of performance for management and for the federal government in relation to the state office of rural health grant.
4. **Clarity:** Health Matters List Serve is an update email list that is kept of rural providers that would like to be notified of rural health related activities. BPCRH – Bureau of Primary Care and Rural Health.
5. **Accuracy, Maintenance, and Support:** This indicator has not been audited by the Office of the Legislative Auditor. The list serve reports are loaded into TruServ, the Bureau's reporting tool
6. **Data Source, Collection and Reporting:** Center for Medicare and Medicaid Services, federal government, partner agencies. The information is gathered at least monthly and can be accessed daily through TruServ
7. **Calculation Methodology:** Simple count of events and participants.
8. **Scope:** Aggregated data.
9. **Caveats:** None.
10. **Responsible Person:** Tracie Ingram, Rural Health Officer, Bureau of Primary Care and Rural Health, 225-342-1889 Tracie.Ingram@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Public Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of National Health Service Corp providers practicing in Louisiana.

LaPAS PI Code: 12219

1. **Type and Level:** Outcome and Key
2. **Rationale:** The National Health Service Corp program is a federal health professional educational loan repayment and scholarship program. The number of the primary health service providers serving reflects the outreach provided by the BPCRH to qualifying providers and service sites. Each service site must serve Medicaid, Medicare and uninsured patient populations.
3. **Use:** Internal management and budgeting purposes. The program requires current health professional shortage areas and successful applications by primary health care providers and sites to qualify for the program.
4. **Clarity:** Application awards are funded once a year for a two year service period. The indicator will verify according to when the award was made and service completion date of the awardee.
5. **Accuracy, Maintenance, Support:** No audit performed. Data is extracted from the federal National Health Service Corp field strength service reports.
6. **Data Source, Collection and Reporting:** Data is updated daily by the federal program office and available to participating states through the National Health Service Corp State Primary Care Office Portal.
7. **Calculation Methodology:** Actual outcome number.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Data reflects once a year new awards and retained awardees. Funding of awards is based on the approved federal program budget.
10. **Responsible Person:** Dorie Tschudy, Primary Care and Health Professional Workforce Manager, (225) 342-1583, dorie.tschudy@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Public Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of State Loan Repayment Program funds awarded to new and existing primary health care providers recruited and retained to work in Louisiana health professional shortage areas.

LaPAS PI Code: 25620

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** The indicator reflects the awarding of up to 100% of designated state and federal funds. The percentage of the total budgeted funds reflects compliance with the state and federal initiative. Each provider site must serve Medicaid, Medicare and uninsured patient populations.
3. **Use:** Internal management and budgeting purposes. The program requires current health professional shortage areas and funding of program staff.
4. **Clarity:** Funding is dependent of on a one-to-one state to federal funding match. Application awards are funded once per year for a two-three year service period. The indicator will verify according to when the award was made and the service completion date of the awardee.
5. **Accuracy, Maintenance, Support: (updated PI)** No audit performed. Data is recorded through grant funding and state match. Awards are tracked through state contracts with primary health care providers serving two to three year service commitments.
6. **Data Source, Collection and Reporting:** Data is tracked through use of state contracts with health professionals serving two to three year service commitments.
7. **Calculation Methodology:** Actual outcome number.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Data reflects once a year new awards and retained awardees. Funds for awards are based on an approved federal and state budget.
10. **Responsible Person:** Dorie Tschudy, Primary Care and Health Professional Workforce Manager, (225) 342-1583, dorie.tschudy@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Public Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline.

LaPAS PI Code: 25621

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** The indicator reflects compliance with the mandatory three-year renewal of health professional shortage areas. Qualification of over 36 federal programs and grants area are dependent on a current health professional shortage area designation.
3. **Use:** Internal management and budgeting purposes. The program requires annual update of 30-50 health professional shortage areas by program staff.
4. **Clarity:** Measurement of health professional shortage areas by deadline.
5. **Accuracy, Maintenance, Support: (updated PI)** No audit performed. Data is recorded through tracking of submissions through the Application Submission and Processing System (ASAPS).
6. **Data Source, Collection and Reporting:** Data is tracked through the deadlines found at the federal HPSA Find website and the Application Submission and Processing System (ASAPS).
7. **Calculation Methodology:** Percentage of 100% of the reviews submitted by deadline.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Weakness – The availability of practice data by individual provider.
10. **Responsible Person:** Dorie Tschudy, Primary Care and Health Professional Workforce Manager, (225) 342-1583, dorie.tschudy@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Public Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of parishes and/or areas designated as Health Professional Shortage Areas by the Federal government

LaPAS PI Code: 12218

1. **Type and Level:** Output; General
2. **Rationale:** Describes Louisiana's shortage of primary care physicians, psychiatrists and dentists by parish which helps the state focus on areas with problems of health care access. The Bureau of Primary Care and Rural Health is responsible for demonstrating that these shortage areas exist to the federal government.
3. **Use:** Used to evaluate healthcare access/compare to other states/assist in determining primary elements in access (or lack thereof), chart state's access conditions over time.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Data is taken from telephone listings, primary data from phone surveys, and statistics from Research firms/US census, LA Board of Medical Examiners, AMA and other providers. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? Annual designation is valid for three (3) years.
7. **Calculation Methodology:** Total number of shortage areas decreed by the federal government.
8. **Scope:** This indicator is an aggregated statewide figure. This can be broken down by parish.
9. **Caveats:** Shortage areas describe only a portion of the problem Louisiana citizens face in attempting to access health care. There are also transportation problems and a number of physicians who do not accept Medicaid payments and uninsured patients. Thus this indicator is not fully representative of the problem.
10. **Responsible Person:** Bureau of Primary Care & Rural Health, Dorie Tschudy, 225-342-1583, dorie.tschudy@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Public Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of critical access hospitals (CAHs) reporting HCAHPS data

LaPAS PI Code: 25860

1. **Type and Level:** Output and General
2. **Rationale:** The indicator is to measure the effectiveness of our efforts to educate CAHs on implementing quality enhancing protocols and the value of public reporting data from their patient satisfaction surveys (HCAHPS).
3. **Use:** The indicator will help us determine whether current supports to CAHs are successful or if changes need to be made, which could lead to changes in sub-contracts that are funded through federal FLEX grant.
4. **Clarity:** Yes. HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems and is the standard patient satisfaction survey used nationally by critical access hospitals.
5. **Accuracy, Maintenance, Support:** No. Data for this indicator comes from the online Hospital Compare data system administered by the Centers for Medicare and Medicaid Services (CMS) and reports from the U.S. Health and Resources and Services Administration (HRSA).
6. **Data Source, Collection and Reporting:** CAHs report quarterly data into Hospital Compare on the previous quarter's data. The most current data available through Hospital Compare and corresponding HRSA reports is typically 6 months old.
7. **Calculation Methodology:** Yes, data for the indicator is taken from a nationally standardized calculation source.
8. **Scope:** The indicator is an aggregated number than can be broken down to the individual hospitals.
9. **Caveats:** No, there are no known limitations or biases for the source of the data (CMS, HRSA). The information reported to CMS comes from the hospitals through a third

PERFORMANCE INDICATOR DOCUMENTATION

party consultant company that administers the surveys, analyzes and reports the results to the hospitals.

- 10. Responsible Person:** The person responsible for reporting on this indicator is Kandi Smith, FLEX/SHIP Program Monitor, 225.342.1233, fax 225.342.5839, Kandi.Smith@la.gov with the Bureau of Primary Care and Rural Health.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Health Promotion

OBJECTIVE X: Public Health Services, through its Health Promotion activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of monthly callers to the Louisiana Tobacco Quitline

LaPAS PI Code: 25624

1. **Type and Level:** Output and Supporting
2. **Rationale:** Evidence shows that telephone quitlines are an effective method of increasing tobacco cessation. Out rates among users of the quitline were twice as high as among those who used self-help methods alone. Quitlines can reach large numbers of smokers and services can be provided in various languages. This indicator provides insight in the amount of people who want to quit using tobacco. This is helpful in determining how best to assist them in their quit attempt via the tobacco quitline.
3. **Use:** This indicator will assist informing management and outside agencies on the level of utilization of the quitline. This will illustrate the picture of the need for the quitline to assist callers in their quit attempts. This indicator can be used to advocate for more funding for the quitline due to its utilization. Tobacco impacts many health indicators so individuals with co-morbidities will call the quitline which will increase the funding needed to assist these callers. This indicator can also be used to display the need for this evidence-based best practice through the use of quit rates.
4. **Clarity:** Yes, overall call volume to the quitline. No, this is the total number of unique callers to the LA tobacco quitline each month.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The monthly reports are generated by our quitline vendor Alere. Data can be verified by the data extracts which are obtained monthly.
6. **Data Source, Collection and Reporting:** Monthly quitline reports from Alere, quitline vendor. Monthly, quarterly, and annual. Basic information is also collected on a weekly basis.
7. **Calculation Methodology:** Counted total monthly callers to the quitline, this information is provided to us by Alere, the quitline vendor.

PERFORMANCE INDICATOR DOCUMENTATION

8. **Scope:** Aggregated monthly but can be disaggregated if needed.
9. **Caveats:** Total call volume each month accounts for ALL calling the quitline. Not all of those callers will qualify for services.
10. **Responsible Person:** Monthly reports are provided to Bureau of Chronic Disease and Health Promotion by Alere, the quitline vendor.
However, more in-depth data analysis can be performed in house by utilizing the call level aggregated data extract we also receive each month.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Health Promotion

OBJECTIVE XI: Public Health Services, through its Health Promotion activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of school districts reporting implementation of 100% tobacco-free school policies

LaPAS PI Code: 24272

1. **Type and Level:** Outcome and Supporting.
2. **Rationale:** This indicator estimates the percentage of Wellspot schools that have implemented tobacco-free school policies. By measuring this indicator the Louisiana Tobacco Control Program and Well-Ahead Louisiana will be able to increase anti-tobacco policies and programs within Louisiana schools which will ultimately lead to the goal of prevention initiation of tobacco use among young people which tells the performance story. Young people spend much of their formative years in school. Their attitudes toward the acceptability of smoking in general are influenced by the actions of their peers and educators at school. It is important to implement social norm changing policies for youth to establish healthy environments to learn. This performance indicator is a measurement that is closely linked to decreasing the overall youth smoking prevalence in addition to increasing the percentage of youth that NEVER start using tobacco.
3. **Use:** This indicator is used to measure effectiveness of the Tobacco Control Program's interventions and Well-Ahead's Wellspot designation program. In addition, the Centers for Disease Control's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" recommend that schools assess their tobacco use prevention programs at regular intervals. This initiative doesn't have any funds attached to it. School districts are not given any funds to adopt these policies. Schools that are WellSpots are required to have a tobacco free policy, so all school WellSpots are implementing 100% tobacco free school policies.
4. **Clarity:** A 100% tobacco free school district is one that prohibits the use of any and all tobacco products and devices 24/7 on all of school district campuses.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Policies are collected and maintained as part of the WellSpot designation process.
6. **Data Source, Collection and Reporting:** The data source for this indicator is receiving a copy of the approved and implemented school policy during the WellSpot designation

PERFORMANCE INDICATOR DOCUMENTATION

process. This is an ongoing process, as policies are collected at various times during a school's WellSpot designation process. The progress made toward this indicator is submitted to the Centers for Disease Control and Prevention on an annual basis through reports. Data are stored and monitored monthly on a SharePoint database.

- 7. Calculation Methodology:** A simple count of /Total number of schools.
- 8. Scope:** School and district level data are available and can be broken down by parish or region.
- 9. Caveats:** This indicator is measured by the staff of the WellSpot designation program. A school district policy is submitted to the program for review, a thorough review of the policy is conducted, a checklist is used to assess where there are weaknesses in the policy, and policy recommendations are given to the school districts for review and adoption. Also, there is no statewide database of comprehensive tobacco-free school policies or a measurement of implementation. Well-Ahead through the WellSpot designation program and the Louisiana Tobacco Control Program work closely with schools to assess their current policies and aid in implementation. Data for this indicator is not generalizable statewide.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Health Promotion

OBJECTIVE XI: Public Health Services, through its Health Promotion activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of school districts reporting implementation of comprehensive school wellness policies (physical activity, nutrition, tobacco-free campus)

LaPAS PI Code: 25625

1. **Type and Level:** Output and Supporting
2. **Rationale:** Young people spend much of their formative years in school. It is important to implement social norm changing policies for youth to establish healthy environments to learn. This performance indicator is a measurement that is closely linked to decreasing the overall youth obesity prevalence.
3. **Use:** Internally for management and reporting purposes
4. **Clarity:** A comprehensive school wellness policy includes increased physical activity, increased access to nutritious foods and beverages, and 100% tobacco free school campuses.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Policies are gathered as part of the WellSpot designation program and through interaction with school districts as part of the coordinated chronic disease grant.
6. **Data Source, Collection and Reporting:** The data source for this indicator is receiving a copy of the approved and implemented school policy during the WellSpot designation process. This is an ongoing process, as policies are collected at various times during a school's WellSpot designation process. The progress made toward this indicator is submitted to the Centers for Disease Control and Prevention on an annual basis through reports. Data are stored and monitored monthly on a SharePoint database.
7. **Calculation Methodology:** Number of school WellSpots that have implemented comprehensive school wellness policies/Total number of schools
8. **Scope:** School and district level data are available and can be broken down by parish or region.
9. **Caveats:** There is no statewide database of comprehensive school wellness policies or a measurement of implementation. Well-Ahead through the

PERFORMANCE INDICATOR DOCUMENTATION

WellSpot designation program and the coordinated chronic disease grant work closely with schools to assess their current policies and aid in implementation. Data for this indicator is not generalizable statewide.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Health Promotion

OBJECTIVE XI: Public Health Services, through its Health Promotion activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of worksites implementing worksite wellness programs

LaPAS PI Code: 25626

1. **Type and Level:** Output and Supporting
2. **Rationale:** The overall goal of a worksite wellness program is to provide cost efficient and quality wellness activities that empower employees to make informed health-conscious decisions and become knowledgeable healthcare consumers. Indicator is from CDC grant and Chronic Disease Unit's Health Improvement Plan.
3. **Use:** Internally for management purposes; this indicator is also included in the Louisiana Health Improvement Plan and recent chronic disease grant application.
4. **Clarity:** Worksite wellness programs include a wellness committee, environmental (healthy food in cafeteria) and policy (tobacco-free campus) changes, educational seminars, and health screenings.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor? Worksites that work collaboratively with DHH on worksite wellness will be counted and annual reports to CDC
6. **Data Source, Collection and Reporting:** The source data for this indication is an internal log or database. Information is gathered annually on a state fiscal year basis.
7. **Calculation Methodology:** How is the indicator calculated? Counted. Number of worksites the unit has provided technical assistance to in order to implement worksite wellness programs.
8. **Scope:** Aggregated
9. **Caveats:** Indicator only counts number of worksites DHH is partnering with.
10. **Responsible Person:** Bureau of Chronic Disease and Health Promotion

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of students with access to school-based health center services

LaPAS PI Code: 24162

1. **Type and Level:** Output and Key
2. **Rationale:** Adolescents lack access to care. Schools provide a unique opportunity to reach most kids. Preventive care, health education and behavioral health services promote wellness and address risky behaviors that lead to school failure, ill physical and mental health. Because students spend a significant part of each day on school grounds, a SBHC:
 - Is accessible
 - Is convenient
 - Encourages family and community involvement
 - Reduces student absenteeism
 - Reduces parental leave from work for doctor visits
 - Has staff who work with school personnel to meet the needs of the students and their families
3. **Use:** This indicator will assist informing management and outside agencies on the level of utilization of SBHCs. This indicator can also be used to advocate for more funding for SBHCs.
4. **Clarity:** This is the total number of students with access to healthcare at school based health centers.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data will be collected Louisiana health information exchange (LAHIE). Reports are generated quarterly.
6. **Data Source, Collection and Reporting:** Data for this indicator are collected on a quarterly and annual basis. Information is gathered from quarterly reports.
7. **Calculation Methodology:** Total school enrollment quarterly for each school with access to the SBHC.

PERFORMANCE INDICATOR DOCUMENTATION

- 8. Scope:** Aggregated quarterly but can be disaggregated if needed.
- 9. Caveats:** The total number is students with access and not necessarily users of SBHC services.
- 10. Responsible Person:** Quarterly reports are provided to ASHP by SBHCs. ASHP Program. Program Manager, 504-5688164, fax, 504-568-8200

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of Continuous Quality Improvement (CQI) visits to school-based health centers

LaPAS PI Code: 25628

1. **Type and Level:** Output and General
2. **Rationale:** Every SBHC is required to participate in the efforts to maintain and improve quality of care by successfully completing the program effectiveness review tool and participating in the CQI process. The purpose of CQI shall be to foster a culture of continuous quality improvement and a climate of trust between ASHP staff, SBHC staff and among SBHC practitioners/peers. A team of healthcare professionals, consisting of ASHP staff, and other qualified persons including peer reviewers, conducts a site visit of each SBHC sponsor at least once every 3 years. This tool is based on the national assembly of school based healthcare quality measures. As part of the CQI process, school based health centers participate in the Best practices for prevention in SBHCS: Louisiana's preventive services improvement initiative which consists of Best practices based on national recommendations.
3. **Use:** This indicator will assist informing management, SBHC sponsors and outside agencies on the quality measures for SBHCs. This indicator can also be used to advocate for more funding for SBHCs.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data are maintained by the ASHP program.
6. **Data Source, Collection and Reporting:** The ASHP program collects data annually.
7. **Calculation Methodology:** Total CQI visits per school year.
8. **Scope:** Information is not aggregated; it is the actual number of CQI reviews.
9. **Caveats:** None
10. **Responsible Person:** ASHP Program Program Manager, 504- 5688164, fax, 504- 568-8200

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE: Public Health Services, through its Bureau of Family Health's School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of healthcare providers receiving technical assistance regarding revenue sustainability.

LaPAS PI Code: 25271

1. **Type and Level:** Output and General
2. **Rationale:** All SBHC is required to participate in meetings and trainings related to sustainability. Trainings will assist SBHCs in their ability to enhance reimbursement from 3rd party payers. These funds will allow the SBHCs to enhance and maintain services.
3. **Use:** This indicator will assist informing management SBHC sponsors and outside agencies of the programs sustainability. This indicator can also be used to advocate for more funding for SBHCs.
4. **Clarity:** This indicator identifies technical assistance provided specifically on 3rd party reimbursements.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data are maintained by the ASHP program as reported by the SBHCs quarterly.
6. **Data Source, Collection and Reporting:** ASHP program provides information on a quarterly basis through published reports.
7. **Calculation Methodology:** The sum of reported totals from each SBHC.
8. **Scope:** Information is aggregated, but can be disaggregated.
9. **Caveats:** Reimbursement is not necessarily collected in the quarter it is billed therefore numbers may seem skewed.
10. **Responsible Person:** ASHP Program, Program Manager, 504-568- 8164, fax, 504-568-8200

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of adolescent school-based health centers (SBHCs)

LaPAS PI Code: 2368

1. **Type and Level:** Output and General
2. **Rationale:** The number of SBHCs is directly related to potential access to preventive and primary care of school age children/adolescents. Increasing the number of SBHCs increases access.
3. **Use:** The number of SBHCs will be used both for internal management as well as for budgeting purposes.
4. **Clarity:** The indicator name clearly indicates what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because there are contractual/fiscal records and scheduled data reports that prove the existence of a specific number of SBHCs.
6. **Data Source, Collection and Reporting:** There is a standard database used by all SBHCs to report information. Data collection is ongoing, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.
7. **Calculation Methodology:** Total of all ASHP funded SBHCs
8. **Scope:** The total is a statewide total that can be broken down into regions and parishes.
9. **Caveats:** None
10. **Responsible Person:**
ASHP Program Manager, 504-568-8164, fax, 504-568-8200

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Average cost per visit to adolescent school-based health centers

LaPAS PI Code: 10053

1. **Type and Level:** Efficiency and General
2. **Rationale:** To determine cost per visit as compared to cost at other centers
3. **Use:** Used to measure cost effectiveness
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Annual OPH program expenditures from Fiscal Office
6. **Collection and Reporting:** Annually in December for prior fiscal year
7. **Calculation Methodology:** Total OPH expenditures plus locally collected Medicaid revenue divided by total number of visits
8. **Scope:** None
9. **Caveats:** Amount will fluctuate annually depending on number of centers and number of children served
10. **Responsible Person:** ASHP Program, Program Manager, 504-568- 8164, fax, 504-568-8200

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of patient visits in adolescent school-based health centers (SBHCs)

LaPAS PI Code: 13744

1. **Type and Level:** Output and General
2. **Rationale:** The number of patient visits to SBHCs indicates utilization of primary and preventive care services available through SBHCs.
3. **Use:** The number of patient visits to SBHCs will be used both for internal management as well as for budgeting purposes.
4. **Clarity:** The indicator name clearly indicates what is being measured
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because SBHCs statewide use a standard patient encounter form to record visits and data on the form is entered into the same data collection system.
6. **Collection and Reporting:** There is a standard database used by all SBHCs to report information. Data collection is ongoing. Encounter form information is entered daily, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.
7. **Calculation Methodology:** The number of patient visits is the sum of all patient encounters at SBHCs statewide.
8. **Scope:** The total is a statewide total that can be broken down into regions and parishes. Additionally, patient visits are broken down by site, urban vs. rural, reason for visit, race/ethnicity, gender, grade in school.
9. **Caveats:** None
10. **Responsible Person:** ASHP Program Program Manager, 504- 568-8164, fax, 504-568-8200

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:

All Louisiana residents, tourists, and visitors as well as citizens of other states and other foreign countries into which Louisiana produced food, drug and cosmetic products are distributed will benefit from assurance that such products are not adulterated or misbranded and are safe for consumption. The commercial shellfish industry and consumers of Louisiana seafood products benefit from sanitarian services as well as consumers of Louisiana dairy products across state lines and dairy farmers will benefit. Safe disposal of human waste will assure long-term public health protection for all the residents of the State, since raw and partially treated sewage is a major source of groundwater contamination. Insects may also spread diseases by carrying to food supplies the pathogenic organisms contained in excreta. Sewage discharged to surface streams is also a menace to water supplies, bathing beaches, shellfish growing areas and fish life. Louisiana citizens and tourist will benefit by a reduction of the occurrence of food borne disease and food borne disease outbreaks. Persons who use any institutional facility and places of public accommodation and private premises will also benefit from Sanitarian Services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Yearly mortality count attributed to unsafe water, food and sewage

LaPAS PI Code: 24201

1. **Type and Level:** Output/Outcome: Key
2. **Rationale:** This indicator was selected to help determine that preventive measures set forth by Sanitarian Services are adequate to protect the public health of Louisiana citizens and visitors. It is a valid measure of performance and measures the total number of yearly deaths related to food and water consumption in Louisiana. It also measures the effectiveness of onsite wastewater and beach safety programs regulated under this activity.
3. **Use:** The indicator will be used to determine if the inspections and sampling by this activity are sufficient in protecting the public from illnesses associated with food, water and sewage. The indicator can be used for performance based budgeting and internal management. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. All data and reports relating to mortality counts are managed by OPH/Infectious Epidemiology.
6. **Data Source, Collection and Reporting:** OPH/ Infectious Epidemiology records and maintains the database for mortality counts which is updated by death related event.
7. **Calculation Methodology:** Refer to OPH/ Infectious Epidemiology.
8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by lack of communication between OPH/ Infectious Epidemiology and this activity. This can result in slower recording and response relative to a death related event.
10. **Responsible Person:** OPH Infectious Epidemiology/Louisiana State Epidemiologist

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of permitted facilities in compliance quarterly due to inspections

LaPAS PI Code: 24202

1. **Type and Level:** Output/Outcome: Key
2. **Rational:** This indicator was selected to help determine that facility inspections and site monitoring regulated by this activity are adequate to protect the public health of Louisiana citizens and visitors. It is a valid measure of performance and measures the percentage of permitted facilities in compliance on a quarterly basis.
3. **Use:** The indicator will be used to determine if inspections and monitoring by this activity are in compliance with program requirements within this activity. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor and/or individual program audits within this activity.
6. **Data Source, Collection and Reporting:** Inspection data is entered daily into the Sanitarian Event Tracking System (SETS) where reports are compiled on a quarterly basis. Additionally, inspection reports conducted with mobile auditors are stored in Automated Inspection Reporting System (AIRS).
7. **Calculation Methodology:** Total number of inspections made divided by the total number required. Individual programs within this activity may use different calculation methods.
8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by problems associated with an outdated Sanitarian Event Tracking System and the difficulty in finding knowledgeable IT staff for

PERFORMANCE INDICATOR DOCUMENTATION

needed repairs. Consistent funding for mobile auditors is essential for continued compliance with this indicator.

10. Responsible Person: Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of required samples in compliance

LaPAS PI Code: 24203

1. **Type and Level:** Output, Outcome/Quality: Supporting
2. **Rational:** This indicator is a valid measure of performance and measures the percentage of mandated samples collected by specific programs within this activity. This sampling is required by federal partners of this activity for the interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA.
3. **Use:** This indicator will be used to determine that mandated quality samples are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in determining specific oyster harvesting and beach area closures and re-openings.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. At this time, no audits have been performed by Louisiana Legislative Auditor. However, these sampling requirements are audited by USFDA, USEPA and individual program audits.
6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs within this activity. Collection entries are daily and reports are compiled as results are provided by laboratory.
7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity.
8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and beach recreational areas.
9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of sewerage systems properly installed

LaPAS PI Code: 24204

1. **Type and Level:** Outcome: Supporting.
2. **Rationale:** This indicator is a valid measure of performance and measures the percentage of newly permitted onsite wastewater treatment systems properly installed. The indicator was selected to help determine that inspections and monitoring of new installations by this activity are an effective measure and evaluation of onsite wastewater treatment quality.
3. **Use:** This indicator is used to target problem installations and help resolve issues with improper installations. This indicator will help to evaluate the need for code revisions and continuing education needs for licensed installers. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No additional clarification necessary.
5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and reviewed by supervision.
6. **Data Source, Collection and Reporting:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). Reports are compiled monthly or quarterly.
7. **Calculation Methodology:** Calculation method used is $A(\text{total number of systems inspected}) - B(\text{number of problem installations}) \div C(\text{Total number of installations}) \times 100$. Calculation equals $A-B/C \times 100$.
8. **Scope:** Indicator is disaggregated and part of a statewide number that can be broken down by region/parish.
9. **Caveats:** This indicator is weakened because of the lack of inspections by this activity and/or program staff due to budget constraints.
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of plans reviewed

LaPAS PI Code: 24205

1. **Type and Level:** Output and General
2. **Rational:** This indicator is a valid measure of performance and provides for the number of new plans reviewed by sanitarians on a yearly basis. The number of plans reviewed can indicate trending curves as to expected client expansion or reduction. It also aids in time management decisions of program staff.
3. **Use:** Indicator is used to determine the number of new facilities applying for permits along with supporting management/budgeting decisions relative to time allocation and staffing. It also provides for comparative analysis and/or historical reference.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and are available for review by supervision.
6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports can be compiled.
7. **Calculation Methodology:** Total number of plans reviewed is entered as a unit so no calculation mechanisms are needed.
8. **Scope:** This indicator is a statewide number and can be broken down by region, parish or individual programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by problems associated with an outdated Sanitarian Event Tracking System and the difficulty in finding knowledgeable IT staff for needed repairs.
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Indicator Name: Food related complaints received from the public

LaPAS Code: 11215

1. **Type and Level:** Input: General Performance Information
2. **Rationale:** This indicator measures the incidence of food related complaints and indicates if any adjustments are needed in the retail food program.
3. **Use:** Used to monitor violations that may indicate the need for additional enforcement to achieve compliance.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data are captured from the Sanitarian Event Tracking System (SETS)
6. **Frequency/Timing:**
 - a) Collection: monthly
 - b) Reporting: quarterly
7. **Calculation Methodology:** Summation
8. **Aggregation/Additive:** None
9. **Caveats:** None
10. **Responsible Party:** Sanitarian Chief, Sanitarian Program Administrator, Sanitarian Regional Director, Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of food, water, sewage-borne illnesses reported

LaPAS PI Code: 24211

1. **Type and Level:** Output/Outcome: General
2. **Rational:** The indicator is selected to help determine that preventive measures set forth by Sanitarian Services are adequate to protect Louisiana citizens and visitors. It is a valid measure of performance and measures the total number of illnesses in Louisiana directly related to food, water or sewage.
3. **Use:** The indicator will be used to determine if the inspections and sampling by this activity are sufficient in protecting the public from illnesses associated with food, water and sewage. The indicator shall be used for performance based budgeting and internal management. The indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** This indicator considers confirmed cases that have been reported
5. **Accuracy, Maintenance, Support:** The indicator is subjected to audits by the Louisiana Legislative Auditor. All data relating to illnesses from food, water or sewage is managed by OPH/Environmental Epidemiology and Toxicology.
6. **Data Source, Collection and Reporting:** OPH/Infectious Epidemiology records and maintains the database for illnesses associated with food, water or sewage, which are updated by event.
7. **Calculation Methodology:** Refer to OPH/ Infectious Epidemiology.
8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by the lack of communication between OPH/ Infectious Epidemiology and this activity. This can result in slower recording and response relative to an event.
10. **Responsible Person:** OPH/ Infectious Epidemiology/Louisiana State Epidemiologist

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Indicator Name: Number of inspections of permitted establishments/facilities

LaPAS Code: 2485

1. **Type and Level:** Output and General
2. **Rationale:** Measures number of inspections of all facilities to assure that all establishments are inspected for compliance and used in calculations of other indicators
3. **Use:** Performance indicator is used to determine that all retail food establishments are inspected for compliance.
4. **Clarity:** This indicator considers routine inspections only.
5. **Accuracy, Maintenance, Support:** February 2012, Office of Public Health leadership requested a Legislative Auditors review of its Retail Food program after recognizing that there was an issue with sanitarian inspection services. The Louisiana Legislative Auditor's review of the program revealed overall findings related to permitting, inspection, and enforcement processes that need improvement to ensure the safety of food served in retail food establishments. The Office of Public Health has implemented a new *Scheduler Tool* that prioritizes list of inspections by due date, risk and geographical zoning for sanitarian assignment. In April 2013, sanitarians throughout the state began using the Scheduler Tool. Since its implementation, initial performance outcomes show promising results toward improving the efficiency of sanitarian health inspections. For example, past due retail food inspections have improved by 65 percent (May) up from 38 percent in March. Between March and May, the Office has also seen a 50 percent improvement in the inspection of high-risk establishments that require a health inspection at least four times per year. Data are captured from the Sanitarian Event Tracking System.
6. **Data Source, Collection and Reporting:**
 - a. Collection: Monthly.
 - b. Reporting: Quarterly.
7. **Calculation Methodology:** Summation
8. **Scope:** None

PERFORMANCE INDICATOR DOCUMENTATION

9. Caveats: None

10. Responsible Person: Sanitarian Administrator, Sanitarian Program Administrator, Sanitarian Regional Director and Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of re-inspections of permitted establishments

LaPAS PI Code: New

1. **Type and Level:** Output and General Performance Information
2. **Rationale:** Measures the number of re-inspections of all establishments that should lead to compliance and is also used to calculate the compliance rate
3. **Use:** Used to measure and achieve compliance and reduce the occurrence of food borne disease and food borne disease outbreaks
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data are captured from the Sanitarian Event Tracking System (SETS)
6. **Data Source, Collection and Reporting:**
 - a. Collection: monthly
 - b. Reporting: quarterly
7. **Calculation Methodology:** Direct count
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Sanitarian Administrator, Sanitarian Program Administrator, Sanitarian Regional Director, and Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of permitted facilities inspected at assigned frequency

1. **Type and Level:** New
2. **Rationale:** This indicator considers inspection of all facilities based on risk types. Inspection time devoted to commercial body art facilities, retail food establishments, warehouses, etc.
3. **Use:** To: 1) determine if inspection staff are devoting appropriate work time to these types of establishments; 2) determine if inspection time devoted to sites where products may become adulterated; 3) monitor the compliance rate for all Retail Food establishments regulated by the Retail Food program.
4. **Clarity:** A commercial body art facility is a site that has equipment that exposes skin to ultraviolet radiation.
5. **Accuracy, Maintenance, Support:** Data are captured from the Sanitarian Event Tracking System (SETS).
6. **Data Source, Collection and Reporting:** Data are captured from the Sanitarian Event Tracking System (SETS). Reporting: monthly or as needed
7. **Calculation Methodology:** Ratio of the number of inspections over the number of establishments x 100
8. **Scope:** None
9. **Caveats:** None; indicator reflects state-wide information
10. **Responsible Person:** Field Sanitarian Program Coordinators and Sanitarian Managers in Environmental Health Services/Food & Drug Control Program's main office

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of samples taken

LaPAS PI Code: 24206

1. **Type and Level:** Outcome and General
2. **Rational:** This indicator is a valid measure of performance and measures the number of mandated samples collected by specific programs within this activity. This sampling is required by state/federal partners of this activity for the intra/interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA. Additionally, private water samples are mandated upon public request.
3. **Use:** This indicator will be used to determine that mandated quality sample numbers are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in classifying specific oyster harvesting waters and beach area advisories. Private water samples satisfy the public request for sampling to determine potable water.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. These sampling requirements are audited by USFDA, USEPA and individual program audits.
6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs. Collection entries are daily and reports are compiled as results are provided by laboratory.
7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity. Private water samples are calculated and maintained by the individual program using a summation of the total number of samples collected.
8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and/or beach recreational areas.
9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Environmental Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE: Through the Sanitarian Services activity, to protect public health through preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of required samples in compliance

LaPAS PI Code: 24203

1. **Type and Level:** Output, Outcome/Quality: Supporting
2. **Rational:** This indicator is a valid measure of performance and measures the percentage of mandated samples collected by specific programs within this activity. This sampling is required by federal partners of this activity for the interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA.
3. **Use:** This indicator will be used to determine that mandated quality samples are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in determining specific oyster harvesting and beach area closures and re-openings.
4. **Clarity:** No clarification necessary.
5. **Validity, Reliability and Accuracy:** Indicator is subjected to audits by the Louisiana Legislative Auditor. At this time, no audits have been performed by Louisiana Legislative Auditor. However, these sampling requirements are audited by USFDA, USEPA and individual program audits.
6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs within this activity. Collection entries are daily and reports are compiled as results are provided by laboratory.
7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity.
8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and beach recreational areas.
9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of sewerage system applications taken

LaPAS PI Code: 24210

1. **Type and Level:** Input/Output: Supporting
2. **Rationale:** This indicator is a valid measure of performance and measures the number of sewage system applications taken for the installation of onsite wastewater treatment systems.
3. **Use:** The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** Needs no additional clarification.
5. **Accuracy, Maintenance, Support:** Information is available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and can be reviewed by supervision.
6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports are compiled monthly or quarterly.
7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of applications taken.
8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.
9. **Caveats:** None
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services **PROGRAM:** Public Health Services

PERFORMANCE INDICATOR DOCUMENTATION

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of new sewage systems installed

LaPAS PI Code: 24208

1. **Type and Level:** Output: General
2. **Rationale:** This indicator is a valid measure of performance and measures the number of new individual sewage systems installed. It was selected to monitor the number of new individual sewage systems installed on an annual basis. This indicator represents the finalization of the sewage permitting process.
3. **Use:** This indicator is mandated and represents the number of requests for service to the public. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No additional clarification necessary.
5. **Accuracy, Maintenance, Support:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and reviewed by supervision. Reports are compiled monthly or quarterly.
6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports are compiled monthly or quarterly.
7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of existing individual sewage systems inspected.
8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.
9. **Caveats:** None
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of existing sewage system inspections

LaPAS PI Code: 24209

1. **Type and Level:** Output: General
2. **Rationale:** This indicator is a valid measure of performance and measures the number of existing individual sewage systems inspected. The indicator was selected to help determine that inspections and monitoring of existing systems by this activity are an effective measure and evaluation of onsite wastewater treatment quality
3. **Use:** This indicator is a part of public demand for a service and resources must be allocated for it due to legislative mandate. It will be used for internal management and/or performance-based budgeting purposes.
4. **Clarity:** No additional clarification necessary.
5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and can be reviewed by supervision.
6. **Data Source, Collection and Reporting:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). Reports can be compiled as needed.
7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of existing individual sewage systems inspected.
8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.
9. **Caveats:** This indicator is weakened because of the lack of inspections by this activity and/or program staff due to budget/time constraints.
10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Environmental Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:

Engineering Services engineers, sanitarians and scientists work to make sure that no citizen or visitor to Louisiana is made ill or dies from poor quality drinking water, or poor sanitation. The Safe Drinking Water Program is a federal program delegated to DHH by U. S. Environmental Protection Agency. Through the self-generated funds for drinking water, support is leveraged to other mandated unfunded programs such as swimming pools, and sewage collection and treatment. Public health engineering also supports Laboratory Services, who analyzes bacteriological samples, for the majority of the state. Each Engineering Services employee performs multiple jobs and tasks for a variety of mandated programs. Required EPA Safe Drinking Water Program elements include: database maintenance and reporting, rule compliance and enforcement, facility inspections, bacteriological, chlorine, and chemical monitoring, cross connection control, water security and emergency response, public notice and communication, complaint response, operator certification, and operator and management training.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards

LaPAS PI Code: 2497

1. **Type and Level:** Outcome and Key
2. **Rationale:** This is a National Water Program Measure used by EPA to determine the performance of state water programs.
3. **Use:** Indicator is used to measure and evaluate the success and coordination of each component of the Safe Drinking Water Program; sample collection, transport, laboratory analysis, reporting, data manipulation, compliance determination, technical assistance, operator training, reporting to EPA, and follow-up.
4. **Clarity:** Community Public Water System – water system serving at least 15 service connections used by year-round residents or regularly serves 25 year-round residents. This indicator combines two existing performance indicators including 1) Percentage of public water systems meeting bacteriological maximum contaminant level (MCL) compliance (LaPAS Code: 2497) and 2) Percentage of public water systems meeting chemical (MCL) compliance (LaPAS Code 24518).
5. **Accuracy, Maintenance, Support:** No legislative audit has been performed. Samples are analyzed by the State Lab and DHH-certified Labs. Sample data and compliance determinations (violation) are maintained in a statewide database.
6. **Data Source, Collection and Reporting:** State Laboratory and Safe Drinking Water Information System (SDWIS) database, a) Collection: monthly, quarterly, yearly b) Reporting: quarterly
7. **Calculation Methodology:** Population served by community water systems in compliance divided by the total population of community systems on record.
8. **Scope:** Disaggregated – part of a larger whole.

PERFORMANCE INDICATOR DOCUMENTATION

9. **Caveats:** There is reporting delay due to when compliance is determined. Compliance is determined after the 10th of month following each month or quarter and is reported by the end of that month, thus there is a 30 day delay when the data can be calculated and reported.

10. Responsible Person:

Name/Title: Amanda Laughlin, Chief Engineer
Phone: 225-342-7499
Fax: 225-342-7303
Email: Amanda.Laughlin@la.gov

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations.

LaPAS PI Code: 24521

1. **Type and Level:** Efficiency and Key
2. **Rationale:** Percentage of Public Water Systems in compliance with mandated EPA criteria
3. **Use:** Indicator is used to evaluate effectiveness of resource commitment in achieving EPA mandated output levels and relative impact on desired outcomes.
4. **Clarity:** Public Water System – water system serving 15 service connections or 25 persons. This indicator is the same as an existing PI titled “Percentage of required onsite evaluations (sanitary surveys) conducted for public water systems (LaPAS Code: 24521). This name change is necessary to provide plain language to clearly describe what is being tracked and provides the specific standard that is being attempted to attain.
5. **Accuracy, Maintenance, Support:** Annual onsite evaluation (survey) of Public Water Systems
6. **Data Source, Collection and Reporting:** Safe Drinking Water Information System (SDWIS) database, a) Collection: annual b) Reporting: annual
7. **Calculation Methodology:** Number of public water systems evaluated (surveyed)/total number of required evaluations (surveys) on record
8. **Scope:** Disaggregated – part of a larger whole

PERFORMANCE INDICATOR DOCUMENTATION

9. Caveats: None

10. Responsible Person:

Name/Title: Amanda Laughlin, Chief Engineer

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Fax: 225-342-7303

Email: Amanda.Laughlin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percentage of water and sewer plans reviewed within 60 days of receipt of submittal

LaPAS PI Code: 25629

1. **Type and Level:** Efficiency and Key
2. **Rationale:** Percentage of plans reviewed within the mandated 60-day deadline
3. **Use:** Indicator is used to evaluate effectiveness of resource commitment in achieving State mandated output levels and relative impact on desired outcomes.
4. **Clarity:** Engineering Plans and Specifications for Public Water Systems, Community Sewage Systems, Schools, Institutions, State-owned Facilities, and Public Pools. This is an existing indicator that has been edited to clearly identify what is being reviewed. The original wording is "Percentage of plans reviewed within 60 days of receipt of submittal."
5. **Accuracy, Maintenance, Support:** Daily reviews conducted by regional engineers
6. **Data Source, Collection and Reporting:** Plans Review Tracking Database, a) Collection: monthly b) Reporting: quarterly
7. **Calculation Methodology:** Number of plans reviewed within 60-days/total number of plans received on record
8. **Scope:** Disaggregated – part of a larger whole
9. **Caveats:** None
10. **Responsible Person:**

Name/Title: Amanda Laughlin, Chief Engineer
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Fax: 225-342-7303
Email: Amanda.Laughlin@la.gov

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

PERFORMANCE INDICATOR DOCUMENTATION

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of Louisiana public water systems provided financial and technical assistance

LaPAS PI Code: 24523

1. **Type and Level:** Output and Supporting
2. **Rationale:** The primary purpose of the DWRLF is to make loans; however, federal law requires that a portion of grant funds be set-aside to provide technical assistance to water systems and to provide assistance with Capacity Development in the form of technical assistance and training. This indicator is an aggregate of the other three indicators.
3. **Use:** This indicator is used to measure the overall performance of the DWRLF program and its subsidiary programs.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is received.
6. **Data Source, Collection and Reporting:** The data for this indicator is taken directly from the other three indicators.
7. **Calculation Methodology:** Count of all loan closings and cases where technical assistance is provided for capacity development or other purposes.
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** None, however see caveats for the other three indicators.
10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percentage of surface water public water systems monitored annually for chemical compliance.

LaPAS PI Code: 24520

1. **Type and Level:** Efficiency and General
2. **Rationale:** Percentage of Public Surface Water Systems in compliance with mandated EPA criteria
3. **Use:** Indicator is used to measure and evaluate the success and coordination of each component of the chemical monitoring program; sample collection, transport, laboratory analysis, reporting, data manipulation, compliance determination, reporting to EPA, and follow-up
4. **Clarity:** MCL – Maximum Contaminant Level: Public Water System – water system serving 15 service connections or 25 persons.
5. **Accuracy, Maintenance, Support:** Annual chemical monitoring of Public Water Systems utilizing surface water as a source
6. **Data Source, Collection and Reporting:** Safe Drinking Water Information System (SDWIS) database, a) Collection: annual b) Reporting: annual
7. **Calculation Methodology:** Number of surface water systems monitored/total number of surface systems on record
8. **Scope:** Disaggregated – part of a larger whole
9. **Caveats:** None
10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Total number of CEU hours received by certified public water and community sewage operators from DHH approved training courses.

LaPAS PI Code: 24522

1. **Type and Level:** Output: General
2. **Rationale:** Number of DHH approved training hours received by water and wastewater operators
3. **Use:** Indicator is used in determination of required program-wide resource commitments to achieve EPA compliance mandates
4. **Clarity:** Number of DHH approved hours of training received by water and wastewater operators and reported to Operator Certification Program and entered in Operator Certification Software (OCS) database by Op Cert staff
5. **Accuracy, Maintenance, Support:** Daily updates to Operator Certification Software (OCS) database by Op Cert staff
6. **Data Source, Collection and Reporting:** Operator Certification Software (OCS) database, a) Collection: daily b) Reporting: quarterly
7. **Calculation Methodology:** Summation of number of classes and training hours received and input into OCS database at time report is due
8. **Scope:** Aggregated – Statewide summation of DHH approved water and wastewater operator training
9. **Caveats:** None
10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of low-interest loans made

LaPAS PI Code: 24524

1. **Type and Level:** Output and General
2. **Rationale:** The primary purpose of the DWRLF is to make loans. This indicator measures the number of loans made by the program.
3. **Use:** This indicator is used for many reports including performance based budgeting.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This data is valid, reliable and accurate. Information on loan closings made during each year is part of the annual audit of the DWRLF program made by the Legislative Auditor's Office.
6. **Data Source, Collection and Reporting:** The data source is actual loans closed during the year; this data is reported to EPA in the Annual Report for the DWRLF Program. The data is collected as loans are closed throughout the year.
7. **Calculation Methodology:** Count of loans closed during the fiscal year
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** In some cases two loans are closed for the same project at the same time because of different sources of repayment. These are counted separately due to the additional effort required to close two loans instead of one.

10. Responsible Person:

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of public water systems provided technical assistance

LaPAS PI Code: 24525

1. **Type and Level:** Output; General
2. **Rationale:** Public water systems require technical assistance on a routine basis.
3. **Use:** This indicator is used for many reports including performance based budgeting. Management also uses it to assess employee/contractor performance.
4. **Clarity:** This can be as simple as a question in a phone call as complex as an on-site visit to discuss issues.
5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is provided.
6. **Data Source, Collection and Reporting:** Data is collected by each DWRLF staff member by keeping records of the number of requests for technical assistance received and responses made by personal visits, telephone, regular mail and email. Data is collected continuously and reported quarterly.
7. **Calculation Methodology:** Count of the number of cases of technical assistance provided to water systems during the year
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** A single water system may request Technical assistance multiple times during the year. Each request where assistance is provided is counted separately.
10. **Responsible Person:**

Name/Title: Amanda Laughlin, Chief Engineer
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Email: Amanda.Laughlin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of water systems provided capacity development technical assistance

LaPAS PI Code: 24526

1. **Type and Level:** Output and General
2. **Rationale:** Capacity Development purpose is to assess public water systems in the area of financial, managerial and technical; then assist with any issues they have in these areas.
3. **Use:** This indicator is used for many reports including performance based budgeting. Management also uses it to assess employee/contractor performance.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is provided.
6. **Data Source, Collection and Reporting:** Data is collected by each DWRLF staff member by keeping records of enquiries related to capacity development received and responses made by personal visits, telephone, regular mail and email. Data is collected continuously and reported quarterly. Additionally, the DWRLF has approved other organizations' management classes delivered to anyone involved in the management of water systems including managers, supervisors, board members, and elected officials. Each system attending one of these classes is counted as a separate provision of capacity development technical assistance.
7. **Calculation Methodology:** Count of the number of cases of technical assistance related to capacity development provided to water systems during the year
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** A single water system may request assistance with Capacity Development multiple times during the year. Each request where assistance is provided is counted separately.
10. **Responsible Person:** Jennifer.wilson@la.gov, Drinking Water Revolving Loan Fund Program Manager; Office: 225-342-8143

PROGRAM A: ADMINISTRATION

Principal Customers/Users of the Program and Benefits: The Office of Behavioral Health (OBH) Administration and Support Program consists of results-oriented managerial, fiscal and supportive functions, including business intelligence, quality management, and evaluation and research, which are necessary to advance state behavioral health care goals, adhere to state and federal funding requirements, monitor the operations of Medicaid-related specialized behavioral health services (SBHS) and support the provision of behavioral health services for non-Medicaid adults and children not within the scope of Healthy Louisiana.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: Through the Executive Management Team, and review of quality/ performance data, both internally and obtained through the managed care organizations, OBH regularly assesses the factors that could affect the achievement of the strategic goals and objectives. Among the major factors of concern: provider network sufficiency; client/member satisfaction; lack of sufficient funds; loss of T.O. leading to the inadequate number of behavioral health professionals and administrative staffing to maintain safety-net services; inadequate maintenance of all OBH facilities and operations; lack of stakeholder involvement and advocacy; and the persistent and strong stigma about mental and addictive disorders on the part of the general public.

Methods Used to Avoid Duplication of Effort: OBH, working in close partnership with Medicaid, managed care organizations, and other stakeholders, conduct regular meetings and conferences to ensure that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals.

Program Evaluations Used to Develop Goals, Objectives, and Strategies: OBH regularly reviews performance and survey data collected from managed care organizations, Local Governing Entities (LGEs), and providers to determine if specialized behavioral health services are being performed within expected standards.

According to the active OBH record retention schedule, budget records including strategic and operational planning documents are to be kept for three years.

OBH annually conducts an in-depth review of its strategic plan to ensure that it reflects current environmental, programmatic and fiscal configurations. As a result of this review, the strategic plan is revised to reflect a new mission, vision and goals, as warranted. To ensure that the OBH strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation, the formulation of the OBH strategic plan adheres to management strategies implemented by

the Executive Team (Health Plan Management, Administration, Adult, Child and Family Operations). These strategies, at a minimum, will include:

Training: Ongoing training is provided to ensure staff develop the necessary skills to understand and apply the concepts of the OBH strategic plan.

Input: Gathering input from all levels of the agency's functional areas; the strategic planning team represents all functional areas of the agency.

Communication: Receiving and sending information at the central office and the regional and district levels.

Coordination: Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

Performance measurement: Formulation of objectives that are Specific, Measurable, Attainable, Results-oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

Evaluation: The strategic plan will be revised, as warranted, to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as necessary. Plan revisions will utilize strategies that are pertinent to the task at hand.

Program Goal: The Administration Program will ensure that Louisiana citizens receive appropriate public behavioral health services through fiscal and programmatic oversight and monitoring activities, including the assurance that critical functions of specialized behavioral health services are being performed within expected standards.

Statutory Authority for Goal: LA R.S. 36:258(E), LA R.S. 28:1-723

Objective I: Through FY 2022, 90% of clean claims will be paid within 15 days, and 99% of clean claims will be paid within 30 days.

Objective II: By FY 2022, network access and sufficiency will achieve an annual positive outcome of 90% in accessibility standards.

Objective III: Through FY 2022, 100% of Local Governing Entities (LGEs) will report to the OBH Data Warehouse in order to provide for accurate state and federal reporting.

Objective IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives: The targeted persons who will benefit from these objectives will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE I: Through FY 2022, 90% of clean claims will be paid within 15 days, and 99% of clean claims will be paid within 30 days.

INDICATOR NAME: Percentage of clean claims processed within 15 days of receipt

Indicator LAPAS PI Code: New

1. **Type and Level:** Efficiency, Key
2. **Rationale:** This indicator provides a valid measure of fiscal performance and efficiency in claims processing.
3. **Use:** This indicator will be used to monitor managed care entities' Specialized Behavioral Health Services (SBHS) claims processing efficiency and accuracy under a Medicaid managed care environment. The indicator is part of the Performance Guarantee that Medicaid managed care entities are contractually obligated to comply with in order to avoid monetary penalties.
4. **Clarity:** "Clean claim" is defined as a claim that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in the State or managed care entity's claim system. It does not include a claim from a provider who is under investigation for fraud, waste or abuse or a claim under review for medical necessity. This specific indicator is associated with claims processed via Medicaid managed care, and does not include non-Medicaid funded claims or services.
5. **Validity, Reliability and Accuracy:** Claims data is submitted monthly. OBH verifies claims submitted in the form of encounters to the Medicaid Fiscal Intermediary. The indicator is additionally reported annually via the Performance Guarantee data provided by the Medicaid managed care entities.
6. **Data Source, Collection and Reporting:** Claims data is submitted monthly. The indicator is additionally reported annually via the Performance Guarantee data provided by the Medicaid managed care entities.
7. **Calculation Methodology:** Number of claims paid within time frame specified using monthly system-generated reports.
8. **Scope:** N/A
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Robyn McDermott, OBH Program Manager 3, 225-342-8559; Robyn.McDermott@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE I: Through FY 2022, 90% of clean claims will be paid within 15 days, and 99% of clean claims will be paid within 30 days.

INDICATOR NAME: Percentage of clean claims processed within 30 days of receipt

Indicator LAPAS PI Code: New

- 1. Type and Level:** Efficiency, Key
- 2. Rationale:** This indicator provides a valid measure of fiscal performance and efficiency in claims processing.
- 3. Use:** This indicator will be used to monitor managed care entities' Specialized Behavioral Health Services (SBHS) claims processing efficiency and accuracy under a Medicaid managed care environment. The indicator is part of the Performance Guarantee that Medicaid managed care entities are contractually obligated to comply with in order to avoid monetary penalties.
- 4. Clarity:** "Clean claim" is defined as a claim that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in the State or managed care entity's claim system. It does not include a claim from a provider who is under investigation for fraud, waste or abuse or a claim under review for medical necessity. This specific indicator is associated with claims processed via Medicaid managed care, and does not include non-Medicaid funded claims or services.
- 5. Validity, Reliability and Accuracy:** Claims data is submitted monthly. OBH verifies claims submitted in the form of encounters to the Medicaid Fiscal Intermediary. The indicator is additionally reported annually via the Performance Guarantee data provided by the Medicaid managed care entities.
- 6. Data Source, Collection and Reporting:** Claims data is submitted monthly. The indicator is additionally reported annually via the Performance Guarantee data provided by the Medicaid managed care entities.
- 7. Calculation Methodology:** Number of claims paid within time frame specified using monthly system-generated reports.
- 8. Scope:** N/A
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
- 10. Responsible Person:** Robyn McDermott, OBH Program Manager 3, 225-342-8559, Robyn.McDermott@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE II: By FY 2022, network access and sufficiency will achieve an annual positive outcome of 90% in accessibility standards.

INDICATOR NAME: Percentage of providers who meet urban/rural access standards for specialized behavioral health services

Indicator LAPAS PI Code: New

1. **Type and Level:** Quality, Key
2. **Rationale:** This indicator was selected as it is a valid measure of urban and rural access to specialized behavioral health services under a Medicaid managed care environment. Medicaid managed care entities are required to meet certain access and sufficiency standards in delivery of specialized behavioral health services to their Medicaid members. This performance indicator allows OBH to monitor the managed care entities effectiveness in meeting these standards.
3. **Use:** This indicator will be used to monitor Medicaid managed care entities' success in meeting contractual access and network sufficiency standards. The indicator will be used for internal management purposes. The indicator also serves as one element of the State monitoring plan associated with access to SBHS services and network sufficiency as required for reporting to CMS.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** Medicaid managed care entities are contractually required to submit network access and sufficiency reports to LDH on a quarterly and annual basis, which consist of geo density data, prescriber sufficiency data, geo access to provider type and level of care (service) data, detailed provider listings and GeoAccess mapping to validate data reported. In addition, member and provider grievance reports are analyzed against network access and sufficiency reports to identify possible gaps in access and to monitor the managed care entities' proposed resolution to such gaps.
6. **Data Source, Collection and Reporting:** Medicaid managed care entities' internal data systems serve as the source for the data collected and reported. Medicaid managed care entities report this data via quarterly and annual reports based on contract year.
7. **Calculation Methodology:**
 - $x/\text{total number of Medicaid members living in urban parishes}$, where "x" equals the number of Medicaid members living in **urban** parishes having access within 15 miles to behavioral health specialists (i.e., psychologists, medical psychologists, APRN CNS, or LCSWs) and to psychiatrists. For this indicator, access shall be available for 90% of the Medicaid member population.
 - $x/\text{total number of Medicaid members living in urban parishes}$, where "x" equals the number of Medicaid members living in **rural** parishes having access within 30 miles to behavioral health

specialists (i.e., psychologists, medical psychologists, APRN CNS, or LCSWs) and to psychiatrists. For this indicator, access shall be available for 90% of the Medicaid member population.

8. **Scope:** The indicator is aggregated for statewide measurement, however is disaggregated for urban and rural consideration. It may be further broken down to review percentages by region and/or parish, and by SBHS provider type.
9. **Caveats:** As integration of SBHS with physical health under Medicaid managed care is new for Louisiana effective December 1, 2015, the Medicaid managed care entities are still learning the intricacies and specifics for accurately coding SBHS providers by type and by levels of care offered. Data users and report evaluators should be cognizant of this issue when reviewing data provided by the managed care entities. Continued education will be provided to the managed care entities until such time as a reasonable level of comfort may be maintained that reported data is accurate and reflective of the true nature of their provider networks.
10. **Responsible Person:** Robyn McDermott, OBH Program Manager 3, 225-342-8559,
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE II: By FY 2022, network access and sufficiency will achieve an annual positive outcome of 90% in accessibility standards.

INDICATOR NAME: Percentage of providers who meet overall emergent, urgent and routine appointment availability standards

Indicator LAPAS PI Code: New

1. **Type and Level:** Quality, Key
2. **Rationale:** This indicator was selected as it is a valid measure of appointment availability for specialized behavioral health services under a Medicaid managed care environment. Medicaid managed care entities are required to meet certain appointment availability standards in delivery of specialized behavioral health services to their Medicaid members. This performance indicator allows OBH to monitor the managed care entities effectiveness in meeting these standards.
3. **Use:** This indicator will be used to monitor Medicaid managed care entities' success in meeting contractual appointment availability standards. The indicator will be used for internal management purposes. The indicator also serves as an element of the State monitoring plan associated with availability of SBHS emergent, urgent and routine appointments, which may be reported to CMS.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** Member and provider grievance reports are analyzed to identify possible gaps or barriers in appointment availability. In addition, OBH monitors SBHS appointment availability to Medicaid members on a quarterly basis via on-site visits to network provider organizations and the managed care entities, "secret shopper" calls to network providers and to the managed care entities and through analysis of annual member satisfaction surveys.
6. **Data Source, Collection and Reporting:** Medicaid managed care entities' internal appointment scheduling systems as well as network provider appointment scheduling systems and logs serve as sources for the data collected and reported. Data is collected and reported by OBH Provider Network Monitor staff on a quarterly and an annual basis by contract year.
7. **Calculation Methodology:**
 - $x/\text{total number of emergent SBHS appointments requested}$, where "x" equals the number of emergent appointments arranged within one (1) hour of the request.
 - $x/\text{total number of urgent SBHS appointments requested}$, where "x" equals the number of urgent appointments arranged within forty-eight (48) hours of the request.

- x/total number of **routine** SBHS appointments requested, where “x” equals the number of **routine** appointments arranged within fourteen (14) days of the request or referral.
8. **Scope:** The indicator is aggregated for statewide measurement, however may be broken down to review outcomes by SBHS provider type.
9. **Caveats:** The indicator relies on monitoring of appointment availability through “secret shopper” calls and on-site visits. Monitors rely on travel expenditure approval to perform these particular monitoring functions, therefore fiscal resources must be available to complete these functions timely and on a regularly scheduled basis. Without fiscal resources to travel, the data will be collected via requests for records and self-reports, which may indicate bias in the data reported.
10. **Responsible Person:** Robyn McDermott, OBH Program Manager 3, 225-342-8559, Robyn.McDermott@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE II: By FY 2022, network access and sufficiency will achieve an annual positive outcome of 90% in accessibility standards.

INDICATOR NAME: Percentage of overall member and provider satisfaction

LaPAS PI Code: New

1. **Type and Level:** Quality, Key
2. **Rationale:** This indicator was selected as it is a valid measure of access to specialized behavioral health services under a Medicaid managed care environment. Medicaid managed care entities are required to meet certain access and sufficiency standards in delivery of specialized behavioral health services to their Medicaid members. This performance indicator allows OBH to monitor member and provider experience in accessing Medicaid SBHS services within the State.
3. **Use:** This indicator will be used to monitor Medicaid managed care entities' success in meeting contractual access and network sufficiency standards. The indicator will be used for internal management purposes, and also serves as one element of the State monitoring plan associated with access to SBHS services and network sufficiency as required for reporting to CMS.
4. **Clarity:** The indicator clearly identifies what is being measured. Further clarity is offered in qualifying member and provider satisfaction with Medicaid managed care delivery of SBHS.
5. **Validity, Reliability and Accuracy:** Medicaid managed care entities are contractually required to submit network access and sufficiency reports to LDH on a quarterly and annual basis, which consist of geo density data, prescriber sufficiency data, geo access to provider type and level of care (service) data, detailed provider listings and GeoAccess mapping to validate data reported. Member and provider grievance reports as well as member and provider satisfaction survey results are analyzed against network access and sufficiency reports to identify possible gaps in access and to monitor the managed care entities' proposed resolution to such gaps.
6. **Data Source, Collection and Reporting:** Medicaid managed care entities' conduct member and provider satisfaction surveys annually via LDH approved survey tools standardized across all managed care entities. Surveys are mailed to members and providers for completion and mailed back to the managed care entities. Results are reported to LDH on an annual basis.
7. **Calculation Methodology:** The survey sampling approach generally includes mailing surveys to all members that received services during the selected sample period, minus any members

that have previously been surveyed within the same year. Response rates must meet statistical requirements for valid sample size. Medicaid managed care entities assess survey data to compare performance against targets and to identify and prioritize areas needing performance improvement, of which access and appointment availability are indicators. Percentages are obtained by comparing the number of “positive” responses against the total number of responses.

8. **Scope:** The indicator is aggregated for statewide measurement of overall member and provider satisfaction, however may be broken down to review outcomes by access and appointment availability indicators among others.
9. **Caveats:** The indicator relies on member and provider response to requests to complete surveys. The SBHS population is not known to have a particularly high response rate, thus creating challenges for obtaining an adequate and geographically representative sample size.
10. **Responsible Person:** Robyn McDermott, OBH Program Manager 3, 225-342-8559, Robyn.McDermott@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE III: Through FY 2022, 100% of Local Governing Entities (LGEs) will report to the OBH Data Warehouse in order to provide for accurate state and federal reporting.

INDICATOR NAME: Percentage of LGEs reporting to the OBH Data Warehouse

LaPAS PI Code: New

1. Type and Level: Efficiency; Supporting

2. Rationale: LGEs must report to the OBH data warehouse for OBH Business Intelligence to complete state and federal reporting.

3. Use: Used for internal management purposes to ensure full reporting to the OBH Data Warehouse and integration of different data sources for complete state and federal reporting from OBH.

4. Clarity: LGEs are Local Governing Entities. The OBH Data Warehouse is kept and maintained by OBH and collects client-level data.

5. Validity, Reliability and Accuracy: LGEs report data semi-monthly. If an LGE is not reporting to the data warehouse, then they are not counted for the numerator of this measure.

6. Data Source, Collection and Reporting: Reporting of the LGEs is collected semi-monthly. The source of the data are pre-validation warehouse integrations. There must be at least two per LGE each month to indicate full LGE compliance.

7. Calculation: $(x / 10 \text{ LGEs}) \times 100$, where x indicates the number of LGEs reporting to the OBH Data Warehouse.

8. Scope: The total represents aggregated regions of Louisiana

9. Caveats: None

10. Responsible Person: Michael Carrone, Program Manager 4

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE III: Through FY 2022, 100% of Local Governing Entities (LGEs) will report to the OBH Data Warehouse in order to provide for accurate state and federal reporting.

INDICATOR NAME: Total number of LGEs in Louisiana

LaPAS PI Code: New

1. Type and Level: Input, General

2. Rationale: This number supports “the percentage of LGEs reporting to the OBH Data Warehouse” and indicates the number of LGE regions across the state of Louisiana

3. Use: Used for internal management purposes to ensure full reporting to the OBH Data Warehouse and integration of different data sources for complete state and federal reporting from OBH.

4. Clarity: LGEs are Local Governing Entities.

5. Validity, Reliability and Accuracy: This number represents the number of LDH regions in Louisiana. This number is reliable

6. Data Source, Collection and Reporting: This number represents the number of LDH-established Local Governing Entities

7. Calculation: The number of LDH-established Local Governing Entities

8. Scope: The total represents aggregated LDH regions of Louisiana

9. Caveats: None

10. Responsible Person: Michael Carrone, Program Manager 4

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE III: Through FY 2022, 100% of Local Governing Entities (LGEs) will report to the OBH Data Warehouse in order to provide for accurate state and federal reporting.

INDICATOR NAME: Number of LGEs reporting to the OBH Data Warehouse

LaPAS PI Code: New

1. Type and Level: Input, General

2. Rationale: LGEs must report to the OBH data warehouse for OBH Business Intelligence to complete reporting.

3. Use: Used for internal management purposes to ensure full reporting to the OBH Data Warehouse and integration of different data sources for complete state and federal reporting from OBH.

4. Clarity: LGEs are Local Governing Entities. The OBH Data Warehouse is kept and maintained by OBH and collects client-level data.

5. Validity, Reliability and Accuracy: LGEs report data semi-monthly. If an LGE is not reporting to the data warehouse, then they are not counted for the numerator of this measure.

6. Data Source, Collection and Reporting: Reporting of the LGEs is collected semi-monthly. The source of the data are pre-validation warehouse integrations. There must be at least two per LGE each month to indicate full LGE compliance and for the LGE to be added to the numerator of the measure.

7. Calculation: $x / 10$ LGEs, where x indicates the number of LGEs reporting to the OBH Data Warehouse.

8. Scope: The total represents aggregated regions of Louisiana

9. Caveats: None

10. Responsible Person: Michael Carrone, Program Manager 4

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE III: Through FY 2022, 100% of Local Governing Entities (LGEs) will report to the OBH Data Warehouse in order to provide for accurate state and federal reporting.

INDICATOR NAME: Percent of federally-established reporting timelines met by utilizing LGE data in the OBH Data Warehouse

LaPAS PI Code: New

- 1. Type and Level:** Output, General
- 2. Rationale:** Illustrates the percentage of federally-required deadlines met.
- 3. Use:** Used to illustrate (in a percentage) the number of deadlines successfully met using LGE data from the OBH Data Warehouse
- 4. Clarity:** N/A
- 5. Validity, Reliability and Accuracy:** Deadlines are federally set and cannot be altered when calculating this measure of success.
- 6. Data Source, Collection and Reporting:** Comparison of report submission date versus federal due date.
- 7. Calculation:** Report due dates summed and the number of times a due date was successfully met.
- 8. Scope:** The data is aggregate for statewide reporting.
- 9. Caveats:** Due dates may fluctuate if an extension is granted by the federal authority.
- 10. Responsible Person:** Michael Carrone, Program Manager 4

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of initial quality reports accepted

LaPAS PI Code: New

1. Type and Level: Quality; Key

2. Rationale: This indicator measures the degree to which the managed care plans' meet contractual and/or performance requirements

3. Use: The indicator will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: Report status is tracked and stored in the SharePoint site by agency staff

6. Data Source, Collection and Reporting: The data source for this indicator is an internal log/database. The frequency of collection and reporting is ongoing, but no less than monthly.

7. Calculation: Number of initial quality reports accepted divided by the total number of initial quality reports received

8. Scope: Aggregated

9. Caveats: Resubmitted reports are excluded from the calculation; late reports may be excluded from the calculation. Managed care contracts are held and enforced by BHSF.

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of CMS waiver assurances satisfactorily met

LaPAS PI Code: New

1. Type and Level: Quality; Key

2. Rationale: This indicator measures the degree to which federal home and community-based quality standards are met

3. Use: This indicator will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: Compliance rates are identified in the quality dashboard which is analyzed by the quality committee no less than quarterly.

6. Data Source, Collection and Reporting: The data sources for this indicator include Contractor reports and internal log/database; Data is collected and reported by waiver year quarters.

7. Calculation: Number of CMS waiver assurances satisfactorily met divided by the total number of CMS waiver assurances

8. Scope: Aggregated

9. Caveats: None

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of CSoC Contractor's compliance with federal Medicaid managed care standards

LaPAS PI Code: New

- 1. Type and Level:** Quality; General
- 2. Rationale:** This indicator measures Contractor compliance with federal Medicaid managed care standards pertaining to quality, utilization management, care management, and access.
- 3. Use:** This indicator will be used to identify needed remediation actions and drive quality improvement initiatives.
- 4. Clarity:** The indicator clearly identifies what will be measured.
- 5. Validity, Reliability and Accuracy:** The external quality review organization is required to follow federal quality review protocols to ensure the validity, reliability, and accuracy of reported data.
- 6. Data Source, Collection and Reporting:** The data sources include external quality review organization reports and internal tracking logs. Data is reported by contract year.
- 7. Calculation:** Number of review elements meeting full or substantial compliance divided by the total number of review elements
- 8. Scope:** Aggregated
- 9. Caveats:** None
- 10. Responsible Person:** Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Rate of CSoC members reporting satisfaction with counseling or treatments received

LaPAS PI Code: New

1. Type and Level: Quality; General

2. Rationale: Members self-report of their health, quality of life, and satisfaction with services are important in measuring the effectiveness of the healthcare delivery system.

3. Use: This indicator will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: Contractor reports are reviewed by the quality committee to ensure adherence to reporting requirements.

6. Data Source, Collection and Reporting: The data source for this indicator is Contractor survey reports. Data is reported by contract year.

7. Calculation: Number of CSoC members who reported the counseling or treatments they received were excellent, very good, or good divided by the total number of CSoC members who responded to the survey question

8. Scope: Aggregated

9. Caveats: None

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Rate of CSoC members reporting that they received needed counseling or treatment as soon as they wanted

LaPAS PI Code: New

- 1. Type and Level:** Quality; General
- 2. Rationale:** Members self-report of their health, quality of life, and satisfaction with services are important in measuring the effectiveness of the healthcare delivery system.
- 3. Use:** This indicator be used to target quality improvement initiatives
- 4. Clarity:** The indicator clearly identifies what will be measured
- 5. Validity, Reliability and Accuracy:** Contractor reports are reviewed by the quality committee to ensure adherence to reporting requirements.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is Contractor survey reports. Data is reported by contract year.
- 7. Calculation:** Number of CSoC members who reported they always or usually received needed counseling services as soon as they wanted divided by the total number of CSoC members who responded to the survey questions
- 8. Scope:** Aggregated
- 9. Caveats:** None
- 10. Responsible Person:** Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Rate of CSoC members reporting they were seen within 15 minutes of their appointment

LaPAS PI Code: New

- 1. Type and Level:** Quality; General
- 2. Rationale:** Members self-report of their health, quality of life, and satisfaction with services are important in measuring the effectiveness of the healthcare delivery system
- 3. Use:** This indicator will be used to target quality improvement initiatives
- 4. Clarity:** The indicator clearly identifies what will be measured
- 5. Validity, Reliability and Accuracy:** Contractor reports are reviewed by the quality committee to ensure adherence to reporting requirements.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is Contractor survey reports. Data is reported by contract year.
- 7. Calculation:** Number of CSoC members who reported they always or usually are seen within 15 minutes of appointment divided by the total number of CSoC members who responded to the survey questions
- 8. Scope:** Aggregated
- 9. Caveats:** None
- 10. Responsible Person:** Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Rate of Healthy Louisiana members reporting satisfaction with counseling or treatments received

LaPAS PI Code: New

- 1. Type and Level:** Quality; General
- 2. Rationale:** Members self-report of their health, quality of life, and satisfaction with services are important in measuring the effectiveness of the healthcare delivery system
- 3. Use:** This indicator will be used to target quality improvement initiatives
- 4. Clarity:** The indicator clearly identifies what will be measured
- 5. Validity, Reliability and Accuracy:** Contractor reports are reviewed by the quality committee to ensure adherence to reporting requirements.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is Contractor survey reports. Data is reported by contract year.
- 7. Calculation:** Number of members who reported the counseling or treatments they received were excellent, very good, or good divided by the total number of members who responded to the survey question
- 8. Scope:** Aggregated
- 9. Caveats:** Managed care contracts are held and enforced by BHSF.
- 10. Responsible Person:** Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Rate of Healthy Louisiana members reporting they received needed counseling or treatment as soon as they wanted

LaPAS PI Code: New

- 1. Type and Level:** Quality; General
- 2. Rationale:** Members self-report of their health, quality of life, and satisfaction with services are important in measuring the effectiveness of the healthcare delivery system
- 3. Use:** This indicator be used to target quality improvement initiatives
- 4. Clarity:** The indicator clearly identifies what will be measured
- 5. Validity, Reliability and Accuracy:** Contractor reports are reviewed by the quality committee to ensure adherence to reporting requirements.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is Contractor survey reports. Data is reported by contract year.
- 7. Calculation:** Number of members reporting the counseling or treatments they received were excellent, very good, or good divided by the total number of members who responded to the survey questions
- 8. Scope:** Aggregated
- 9. Caveats:** Managed care contracts are held and enforced by BHSF.
- 10. Responsible Person:** Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Rate of Healthy Louisiana members reporting they were seen within 15 minutes of their appointment

LaPAS PI Code: New

- 1. Type and Level:** Quality; General
- 2. Rationale:** Members self-report of their health, quality of life, and satisfaction with services are important in measuring the effectiveness of the healthcare delivery system
- 3. Use:** This indicator will be used to identify needed remediation actions and drive quality improvement efforts
- 4. Clarity:** The indicator clearly identifies what will be measured
- 5. Validity, Reliability and Accuracy:** Contractor reports are reviewed by the quality committee to ensure adherence to reporting requirements.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is Contractor survey reports. Data is reported by contract year.
- 7. Calculation:** Number of members reporting the counseling or treatments they received were excellent, very good, or good divided by the total number of members who responded to the survey questions
- 8. Scope:** Aggregated
- 9. Caveats:** Managed care contracts are held and enforced by BHSF.
- 10. Responsible Person:** Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of discharges for CSoC members, 6 years of age and older, who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: Appropriate follow-up care after discharge from a psychiatric hospitalization is vital. It can help reduce the risk of repeat hospitalization and identify patients in need of additional interventions before they reach a crisis point.

3. Use: This measure will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: This indicator is validated by the external quality review organization.

6. Data Source, Collection and Reporting: The data source for this indicator is health plan reports. Data is reported by calendar year.

7. Calculation: Two rates are reported: Members who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge divided by the eligible population; Members who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge divided by the eligible population.

8. Scope: Aggregated

9. Caveats: None

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of Healthy Louisiana members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects.

3. Use: This indicator will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: This indicator is validated by the external quality review organization.

6. Data Source, Collection and Reporting: The data source for this indicator is health plan reports. Data is reported by calendar year.

7. Calculation: Members with at least 180 days (6 months) of continuous treatment with antidepressant medication following the index prescription start date divided by the eligible population

8. Scope: Aggregated

9. Caveats: Managed care contracts are held and enforced by BHSF.

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of Healthy Louisiana members 19–64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: For people with schizophrenia, non-adherence to treatment with antipsychotics is common, and medication non-adherence is a significant cause of relapse. Measuring antipsychotic medication adherence may lead to less relapse and fewer hospitalizations. Additionally, there is potential to lead to interventions to improve adherence and help close the gap in care between people with schizophrenia and the general population.

3. Use: This indicator will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: This indicator is validated by the external quality review organization.

6. Data Source, Collection and Reporting: The data source for this indicator is health plan reports. Data is reported by calendar year.

7. Calculation: The number of members who achieved a portion of days covered of at least 80% for their antipsychotic medications divided by the eligible population

8. Scope: Aggregated

9. Caveats: Managed care contracts are held and enforced by BHSF.

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

INDICATOR NAME: Percent of Healthy Louisiana members aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow-up plan documented

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: The World Health Organization found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life, and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met. The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages.

3. Use: This indicator will be used to target quality improvement initiatives

4. Clarity: The indicator clearly identifies what will be measured

5. Validity, Reliability and Accuracy: This indicator is validated by the external quality review organization

6. Data Source, Collection and Reporting: The data source for this indicator is health plan reports. Data is reported by calendar year.

7. Calculation: Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen divided by total number of patients aged 12 years and older

8. Scope: Aggregated

9. Caveats: Managed care contracts are held and enforced by BHSF.

10. Responsible Person: Candace Grace, PM 4, Candace.Grace@la.gov

PROGRAM B: BEHAVIORAL HEALTH COMMUNITY

Principle Customers/Users of the Program and Benefits: This program and its related activities monitors and manages a comprehensive system of contemporary, innovative, and evidence-based prevention, treatment and recovery support services for Louisiana citizens with serious behavioral health challenges, as well as external monitoring of specialized behavioral health services through clinical analysis and behavioral health subject matter expertise. Additional functions include quality strategy and compliance, planning, monitoring, and providing accountability in the delivery of mental health and addictive disorders services by statewide partners.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: Through the Executive Management Team, and review of quality/ performance data, both internally and obtained through the managed care organizations, OBH regularly assesses the factors that could affect the achievement of the strategic goals and objectives. Among the major factors of concern: provider network sufficiency; client/member satisfaction; lack of sufficient funds; loss of T.O. leading to the inadequate number of behavioral health professionals and administrative staffing to maintain safety-net services; inadequate maintenance of all OBH facilities and operations; lack of stakeholder involvement and advocacy; and the persistent and strong stigma about mental and addictive disorders on the part of the general public.

Methods Used to Avoid Duplication of Effort: OBH, working in close partnership with Medicaid, managed care organizations, and other stakeholders, conduct regular meetings and conferences to ensure that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals.

Program Evaluations Used to Develop Goals, Objectives, and Strategies: OBH regularly reviews performance and survey data collected from managed care organizations, Local Governing Entities (LGEs), and providers to determine if specialized behavioral health services are being performed within expected standards.

According to the active OBH record retention schedule, budget records including strategic and operational planning documents are to be kept for three years.

OBH annually conducts an in-depth review of its strategic plan to ensure that it reflects current environmental, programmatic and fiscal configurations. As a result of this review, the strategic plan is revised to reflect a new mission, vision and goals, as warranted. To ensure that OBH strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation, the formulation of the OBH strategic plan adheres to management strategies implemented by the Executive Team (Health Plan Management, Administration, Adult, Child and Family Operations). These strategies, at a minimum, will include:

Training: Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the OBH strategic plan.

Input: Gathering input from all levels of the agency's functional areas; the strategic planning team represents all functional areas of the agency.

Communication: Receiving and sending information at the central office and the regional and district levels.

Coordination: Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

Performance measurement: Formulation of objectives that are Specific, Measurable, Attainable, Results-oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

Evaluation: The strategic plan will be revised, as warranted, to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as necessary. Plan revisions will utilize strategies that are pertinent to the task at hand.

Goal 1: OBH will ensure the effectiveness and quality behavioral health services for Louisiana citizens not covered under Medicaid managed care.

Statutory Authority for Goals: R.S. 36:258(C) and R.S. 28.1-723

Objective I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

Objective II: By FY 2022, increase by 5% the number of individuals referred to tobacco cessation services among those diagnosed with behavioral health conditions within each Local Governing Entities (LGEs) and Healthy Louisiana plans.

Objective III: By FY 2022, the number of individuals enrolled in Medication Assisted Treatment (MAT) will be increased by 5%, from a baseline of 3,976.

Objective IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

Objective V: By FY 2022, 90% of individuals who receive Access to Recovery (ATR) services will report positive satisfaction regarding access, quality, and program outcomes.

Objective VI: By FY 2022, the statewide average compliance of Access to Recovery (ATR) providers will be 80%.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives:

The targeted persons who will benefit from these objectives will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

Goal 2: OBH will ensure that effective and efficient prevention services are provided statewide to promote mental health wellness and to delay the initiation and progression of behavioral health disorders by increasing knowledge, awareness, and healthy behaviors.

Statutory Authority for Goals: R.S. 36:258(C) and R.S. 28.1-723

Objective I: Through FY 2022, OBH will continue to provide to provide evidence-based prevention programs in school based settings.

Objective II: Through FY 2022, the state will achieve an annual tobacco non-compliance rate of 10% or less.

Objective III: Through FY 2022, OBH will continue to provide Suicide Prevention education and awareness activities.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives:
The targeted persons who will benefit from these objectives will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Percentage of LGEs that participate in LaCAMS

LaPAS PI Code: New

1. Type and Level: Output; Supporting

2. Rationale: Not all of the LGEs are accounted for through LaCAMS. The percentage of the LGEs that participate in LaCAMS should have satisfaction in quality and outcomes of services.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951
Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962
Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Provider satisfaction rating

LaPAS PI Code: New

1. Type and Level: Quality; Key

2. Rationale: The providers that participate in LaCAMS should have satisfaction in quality and outcomes of services. The satisfaction rating will show outcomes and allow for improvement.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951 Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962 Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Incoming call wait time

LaPAS PI Code: New

1. Type and Level: Efficiency; Supporting

2. Rationale: Providers are allowed to call in a maximum of four cases at a time – averaging 20 – 25 minutes per initial authorization, and 15 minutes per continued stay review. This allows for shorter hold times, as cases are limited. A percentage of the LGEs should have satisfaction in quality and outcomes of services. This will show outcomes and allow for improvement.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951 Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962 Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Total number of LGEs in Louisiana

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: Not all of the LGEs are accounted for through LaCAMS. The participating providers should have satisfaction in quality and outcomes of services. This will show outcomes and allow for improvement.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951 Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962 Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Number of initial care authorizations

LaPAS PI Code: New

1. Type and Level: Output; General

2. Rationale: 100% of all initial care authorizations should and will be handled upon call to the LaCAMS OBH staff. The providers should have satisfaction in quality and outcomes of the cases authorized and service provided. This will show outcomes and allow for improvement.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951
Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962
Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Average call length

LaPAS PI Code: New

1. Type and Level: Output; General

2. Rationale: Providers call in four cases at a time – averaging 20 – 25 minutes per initial authorization, and 15 minutes per continued stay review. This allows for shorter hold times, as cases are limited. A percentage of the LGEs should have a satisfaction in Quality and Outcomes. This will show outcomes and allow for improvement.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to participating providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951 Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962 Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE I: Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

INDICATOR NAME: Average call volume for care managers

LaPAS PI Code: New

1. Type and Level: Output; General

2. Rationale: 100% of all initial care authorizations should and will be handled upon call to the LaCAMS OBH staff. The providers should have satisfaction in quality and outcomes of the cases authorized and service provided. This will show outcomes and allow for improvement.

3. Use: This could allow for staff training, increase communication skills, increase provider awareness on expectations and increase quality of services.

4. Clarity: The name clearly identifies what is being measured. The name is clear to understand and does not need revisions or definitions.

5. Validity, Reliability and Accuracy: The program is new for FY16 and has never been the subject of an audit. A monitoring tool will be used to perform weekly Peer to Peer case audits.

6. Data Source, Collection and Reporting: A satisfaction survey will be compiled and distributed to participating providers quarterly. The reporting will be completed on a state fiscal year.

7. Calculation: A standardized calculation will be used as the 90% satisfaction is a national number. The survey has not been chosen, so the formula cannot be given at this time.

8. Scope: The numbers will be broken down by LGE/provider, in order to determine the areas of need.

9. Caveats: The survey will be completed by a provider within the LGE. If the survey is conducted on a day that the provider had a bad experience with a Care Manager, the scoring could be skewed. Survey will be compiled to where the bias of a particular day does not weigh on the total score.

10. Responsible Person: Megan D. Fontenot, Program Manager, (225) 342-8951 Megan.Davis@la.gov, and Ashley Pugh, Program Manager, (225) 342-8962 Ashley.Pugh@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE II: By FY 2022, increase by 5% the number of individuals referred to tobacco cessation services among those diagnosed with behavioral health conditions within each Local Governing Entities (LGEs) and Healthy Louisiana plans.

INDICATOR NAME: Number of individuals screened for tobacco use

LaPAS PI Code: New

- 1. Type and Level:** Output; Supporting
- 2. Rationale:** In order to increase referral to tobacco cessation services among the behavioral health population, tobacco users must first be identified. This indicator ensures all clients are screened for tobacco use so that they may be targeted for referral to appropriate cessation services
- 3. Use:** The indicator will be used to monitor business processes that will capture tobacco users.
- 4. Clarity:** Tobacco is defined as any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc.
- 5. Validity, Reliability and Accuracy:** Data will be derived from OBH Data Warehouse System and reports from the Healthy Louisiana Plans, which will be monitored for accuracy.
- 6. Data Source, Collection and Reporting:** Data is collected monthly in the OBH Data Warehouse System and quarterly from the Healthy Louisiana Plans.
- 7. Calculation:** Count of individuals screened for tobacco use among those diagnosed with Behavioral Health conditions within each LGE and the Healthy Louisiana Plans.
- 8. Scope:** The indicator is aggregated and can be broken down by LGE, Parish, or any other demographic (e.g., gender, race, age, etc.)
- 9. Caveats:** None
- 10. Responsible Person:** Marisa Marino, Program Manager, 225-342-6480, marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE II: By FY 2022, increase by 5% the number of individuals referred to tobacco cessation services among those diagnosed with behavioral health conditions within each Local Governing Entities (LGEs) and Healthy Louisiana plans.

INDICATOR NAME: Number of individuals with positive tobacco screenings

LaPAS PI Code: New

1. Type and Level: Output; Supporting

2. Rationale: Individuals with positive screens should be referred to and/or offered tobacco services accordingly. This indicator ensures all tobacco users are identified.

3. Use: The indicator will be compared to the number of referrals to ensure all tobacco users are referred to tobacco cessation services.

4. Clarity: Tobacco is defined as any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc.

5. Validity, Reliability and Accuracy: Data will be derived from OBH Data Warehouse System and reports from the Healthy Louisiana Plans, which will be monitored for accuracy.

6. Data Source, Collection and Reporting: Data is collected monthly in the OBH Data Warehouse System and quarterly from the Healthy Louisiana Plans.

7. Calculation: Count of individuals with positive tobacco screenings among those diagnosed with Behavioral Health conditions within each LGE and the Healthy Louisiana Plans.

8. Scope: The indicator is aggregated and can be broken down by LGE, Parish, or any other demographic (e.g., gender, race, age, etc.)

9. Caveats: None

10. Responsible Person: Marisa Marino, Program Manager, 225-342-6480,
marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE II: By FY 2022, increase by 5% the number of individuals referred to tobacco cessation services among those diagnosed with behavioral health conditions within each Local Governing Entities (LGEs) and Healthy Louisiana plans.

INDICATOR NAME: Number of individuals with positive tobacco screenings referred to tobacco cessation services

LaPAS PI Code: New

- 1. Type and Level:** Output; Key
- 2. Rationale:** The indicator is directly related to the objective and will be used to determine if the goal of 5% increase was met.
- 3. Use:** The indicator will be used to monitor business processes that will capture tobacco referrals.
- 4. Clarity:** Tobacco is defined as any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc.
- 5. Validity, Reliability and Accuracy:** Data will be derived from OBH Data Warehouse System and reports from the Healthy Louisiana Plans, which will be monitored for accuracy.
- 6. Data Source, Collection and Reporting:** Data is collected monthly in the OBH Data Warehouse System and quarterly from the Healthy Louisiana Plans.
- 7. Calculation:** Count of individuals with positive tobacco screenings referred to tobacco cessation services among those diagnosed with Behavioral Health conditions within each LGE and the Healthy Louisiana Plans.
- 8. Scope:** The indicator is aggregated and can be broken down by Region, Parish, or any other demographic (e.g., gender, race, age, etc.)
- 9. Caveats:** None
- 10. Responsible Person:** Marisa Marino, Program Manager, 225-342-6480, marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE III: By FY 2022, the number of individuals enrolled in Medication Assisted Treatment (MAT) will be increased by 5%, from a baseline of 3,976.

INDICATOR NAME: Percent increase in number of individuals enrolled in MAT, including those with Substance Use Disorders

LaPAS PI Code: New

- 1. Type and Level:** Output; Key
- 2. Rationale:** The rationale for the indicator is that of Louisiana's response to the opioid epidemic and the effort to decrease the number of overdose deaths.
- 3. Use:** The indicator will be utilized for internal management purposes in an effort to guide agency processes such as needs assessments to address whether additional providers are needed to treat patients within specific regions.
- 4. Clarity:** N/A
- 5. Validity, Reliability and Accuracy:** No, it has not been audited by the Office of the Legislative Auditor as the provider census and capacity reports are received monthly and utilized to guide staffing and the overall structure of the facilities; this is verified by the State Opioid Treatment Authority.
- 6. Data Source, Collection and Reporting:** Data is based upon internal monthly reports received by the SOTA from the Opioid Treatment Providers (OTP). The data is mandated within state regulatory documents in an effort to maintain programmatic oversight of the treatment of this patient population.
- 7. Calculation:** N/A; the numbers are based upon data collection/calculation methodology is based upon the increase of persons enrolled in treatment.
- 8. Scope:** Statewide figure which can be indicated by region and parish; it represents one client group.
- 9. Caveats:** N/A; the indicator is based upon a census of number of persons served.
- 10. Responsible Person:** Traci Perry, RN, MSN State Opioid Treatment Authority, 225.342.8735, Traci.Perry@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

INDICATOR NAME: Percent increase in the number of individuals served for problem gambling

LaPAS PI Code: New

- 1. Type and Level:** Output; Key
- 2. Rationale:** The indicator is directly related to the objective and will be used to determine if the goal of 5% increase was met.
- 3. Use:** The indicator will reflect outreach efforts at the state and local levels, as well as screening and referrals conducted by LGE clinics and Healthy Louisiana Plans.
- 4. Clarity:** Primary, secondary, or tertiary addiction type is gambling, or the act of risking money or something else of value on an activity with an uncertain outcome.
- 5. Validity, Reliability and Accuracy:** Data is collected from the LADDS database system. This data is monitored for data integrity and accuracy.
- 6. Data Source, Collection and Reporting:** Data will be derived from LADDS. Data collection is ongoing by the LGEs' gambling coordinators.
- 7. Calculation:** Unduplicated count of the number of individuals treated at LGE clinics for problem gambling.
- 8. Scope:** The indicator is aggregated and can be broken down by LGE, Parish, or any other demographic (e.g., gender, race, age, etc.)
- 9. Caveats:** The indicator is only for data reported by the LGEs and cannot be generalized to represent the population of Louisiana as a whole.
- 10. Responsible Person:** Marisa Marino, Program Manager, 225-342-6480, marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

INDICATOR NAME: Percent of individuals discharged from gambling treatment reporting a decrease in the frequency of gambling activities

LaPAS PI Code: New

- 1. Type and Level:** Outcome; Key
- 2. Rationale:** A decrease in gambling activities attributes to completion rates.
- 3. Use:** To monitor clinical effectiveness.
- 4. Clarity:** None
- 5. Validity, Reliability and Accuracy:** Data is collected from the LADDS database system. This data is monitored for data integrity and accuracy.
- 6. Data Source, Collection and Reporting:** Data will be derived from LADDS. Data collection is ongoing by the LGEs' gambling coordinators.
- 7. Calculation: Numerator:** The number of individuals admitted for residential gambling treatment reporting decrease in frequency of gambling activities. **Denominator:** Number of individuals admitted to residential gambling treatment.
- 8. Scope:** The indicator is disaggregated; Louisiana only has one residential gambling program.
- 9. Caveats:** None
- 10. Responsible Person:** Marisa Marino, Program Manager, 225-342-6480, marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

INDICATOR NAME: Number of individuals screened for gambling within LGEs and Healthy Louisiana plans

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: In order to increase the number of individuals served for problem gambling, problem gamblers must first be identified. This indicator ensures all clients are screened for problem gambling so that they may be targeted for referral to appropriate treatment services

3. Use: The indicator will be used to monitor business processes that will capture problem gamblers.

4. Clarity: None

5. Validity, Reliability and Accuracy: Data will be derived from OBH Data Warehouse System and reports from the Healthy Louisiana Plans, which will be monitored for accuracy.

6. Data Source, Collection and Reporting: Data is collected monthly in the OBH Data Warehouse System and quarterly from the Healthy Louisiana Plans.

7. Calculation: Count of individuals screened for problem gambling within each LGE and the Healthy Louisiana Plans.

8. Scope: The indicator is aggregated and can be broken down by LGE, Parish, or any other demographic (e.g., gender, race, age, etc.)

9. Caveats: None

10. Responsible Person: Marisa Marino, Program Manager, 225-342-6480, marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

INDICATOR NAME: Number of individuals with positive problem gambling screenings within LGEs and Healthy Louisiana plans

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: All problem gamblers should be referred to gambling treatment services. This indicator ensures all problem gamblers are identified.

3. Use: The indicator will be used to monitor business processes that will capture problem gamblers.

4. Clarity: None

5. Validity, Reliability and Accuracy: Data will be derived from OBH Data Warehouse System and reports from the Healthy Louisiana Plans, which will be monitored for accuracy.

6. Data Source, Collection and Reporting: Data is collected monthly in the OBH Data Warehouse System and quarterly from the Healthy Louisiana Plans.

7. Calculation: Count of individuals with positive problem gambling screenings within each LGE and the Healthy Louisiana Plans.

8. Scope: The indicator is aggregated and can be broken down by LGE, Parish, or any other demographic (e.g., gender, race, age, etc.)

9. Caveats: None

10. Responsible Person: Marisa Marino, Program Manager, 225-342-6480,
marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

INDICATOR NAME: Number of individuals admitted for gambling treatment

LaPAS PI Code: New

1. Type and Level: Input; General

2. Rationale: The indicator is directly related to the objective and will be used to determine if the goal of 5% increase in persons served was met.

3. Use: The indicator will reflect outreach efforts at the state and local levels, as well as screening and referrals conducted by LGE clinics.

4. Clarity: None

5. Validity, Reliability and Accuracy: Data is collected from the LADDS database system. This data is monitored for data integrity and accuracy.

6. Data Source, Collection and Reporting: Data will be derived from LADDS. Data collection is ongoing by the LGEs' gambling coordinators.

7. Calculation: Count of individuals admitted with a primary, secondary, or tertiary diagnosis of gambling disorder.

8. Scope: The indicator is aggregated and can be broken down by LGE, Parish, or any other demographic (e.g., gender, race, age, etc.)

9. Caveats: The indicator is only for data reported by the LGEs and cannot be generalized to represent the population of Louisiana as a whole.

10. Responsible Person: Marisa Marino, Program Manager, 225-342-6480,
marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE IV: By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

INDICATOR NAME: Total number of intake calls to the Gamblers Helpline

LaPAS PI Code: New

- 1. Type and Level:** Input; General
- 2. Rationale:** An increase in intake calls to the helpline leads to an increase in referrals to treatment, which is directly attributed to admissions and number of people served for problem gambling.
- 3. Use:** The indicator will reflect outreach efforts at the state and local levels, as well as screening and referrals conducted by LGE clinics.
- 4. Clarity:** An Intake is a "mini assessment" of caller information and data received from gamblers, family members or friends requesting a direct service from the Helpline. This includes callers who have a gambling problem, have relapsed or know someone with a gambling problem. It also includes individuals who request Gamblers Anonymous information, counselor contact information and inquiries on CORE. This excludes hang-ups, wrong numbers, solicitors, media, and callers seeking lottery and/or casino information
- 5. Validity, Reliability and Accuracy:** Data is monitored for data integrity and accuracy by the Louisiana Problem Gamblers Helpline (managed by the Louisiana Association on Compulsive Gambling). Data reports include raw data to ensure accuracy.
- 6. Data Source, Collection and Reporting:** Data is reported monthly to OBH by the Louisiana Problem Gamblers Helpline (managed by the Louisiana Association on Compulsive Gambling)
- 7. Calculation:** Count of intake calls to the Gamblers Helpline
- 8. Scope:** The indicator is aggregated and can be broken down by Region, Parish, or any other demographic (e.g., gender, race, age, etc.)
- 9. Caveats:** None
- 10. Responsible Person:** Marisa Marino, Program Manager, 225-342-6480, marisa.marino@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE V: By FY 2022, 90% of individuals who receive Access to Recovery (ATR) services will report positive satisfaction regarding access, quality, and program outcomes.

INDICATOR NAME: Percentage of members reporting positive satisfaction with access to ATR services

LaPAS PI Code: 25242

1. Type and Level: Quality; Key

2. Rationale: This indicator provides information regarding a client's level of satisfaction with the access of services within the ATR Program. If the client is satisfied with access to services, he or she is more likely to engage in treatment, leading to a successful agency and successful program. If the client is not satisfied with access to services, this information assists ATR staff in determining where to focus on expanding the provider network.

3. Use: This indicator will be used for internal management decisions.

4. Clarity: ATR to be changed to Access to Recovery (ATR) to provide clarity.

5. Validity, Reliability and Accuracy: This data has not been audited by the Office of the Legislative Auditor. The data is accurate as reported by provider agencies. It is maintained in the Access to Recovery (ATR) System and readily available to be verified in the future.

6. Data Source, Collection and Reporting: The data source for this indicator is the Client Satisfaction Survey which is completed by each client in the ATR Program at each level of care change and at discharge from the program. The surveys are input into the ATR System by the staff of each agency. Reports of raw data may be pulled from the system at any time and for any time range.

7. Calculation: This indicator is calculated by dividing the total score of responses by the number of responses reported.

8. Scope: This indicator is an aggregated statewide figure that can be broken down to provide data by region or parish.

9. Caveats: This data is reported by clients anonymously and is dependent upon agency staff inputting the responses into the ATR System. It can be skewed by lack of responses.

10. Responsible Person: Yvonne Richard, Program Manager 2, (225) 342-1070, yvonne.richard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE V: By FY 2022, 90% of individuals who receive Access to Recovery (ATR) services will report positive satisfaction regarding access, quality, and program outcomes.

INDICATOR NAME: Percentage of members reporting positive satisfaction with quality of ATR services

LaPAS PI Code: 25242

1. Type and Level: Quality; Key

2. Rationale: This indicator provides information regarding a client's level of satisfaction with the quality of services within the ATR Program. If the client is satisfied with quality of services provided, he or she is more likely to engage in treatment, leading to a successful agency and successful program. If the client is not satisfied with the quality of services, this information assists ATR staff in determining where to focus training opportunities and expansion of the provider network.

3. Use: This indicator will be used for internal management decisions.

4. Clarity: ATR to be changed to Access to Recovery (ATR) to provide clarity.

5. Validity, Reliability and Accuracy: This data has not been audited by the Office of the Legislative Auditory. The data is accurate as reported by provider agencies. It is maintained in the Access to Recovery (ATR) System and readily available to be verified in the future.

6. Data Source, Collection and Reporting: The data source for this indicator is the Client Satisfaction Survey which is completed by each client in the ATR Program at each level of care change and at discharge from the program. The surveys are input into the ATR System by the staff of each agency. Reports of raw data may be pulled from the system at any time and for any time range.

7. Calculation: This indicator is calculated by dividing the total score of responses by the number of responses reported.

8. Scope: This indicator is an aggregated statewide figure that can be broken down to provide data by region or parish.

9. Caveats: This data is reported by clients anonymously and is dependent upon agency staff inputting the responses into the ATR System. It can be skewed by lack of responses.

10. Responsible Person: Yvonne Richard, Program Manager 2, (225) 342-1070, yvonne.richard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE V: By FY 2022, 90% of individuals who receive Access to Recovery (ATR) services will report positive satisfaction regarding access, quality, and program outcomes.

INDICATOR NAME: Percentage of members reporting positive satisfaction with ATR services

LaPAS PI Code: 25242

1. Type and Level: Quality; Key

2. Rationale: This indicator provides information regarding a client's level of satisfaction with services within the ATR Program. If the client is satisfied with quality of services provided, he or she is more likely to engage in treatment, leading to a successful agency and successful program. If the client is not satisfied with the quality of services, this information assists ATR staff in determining where to focus training opportunities and expansion of the provider network.

3. Use: This indicator will be used for internal management decisions.

4. Clarity: ATR to be changed to Access to Recovery (ATR) to provide clarity.

5. Validity, Reliability and Accuracy: This data has not been audited by the Office of the Legislative Auditor. The data is accurate as reported by provider agencies. It is maintained in the Access to Recovery (ATR) System and readily available to be verified in the future.

6. Data Source, Collection and Reporting: The data source for this indicator is the Client Satisfaction Survey which is completed by each client in the ATR Program at each level of care change and at discharge from the program. The surveys are input into the ATR System by the staff of each agency. Reports of raw data may be pulled from the system at any time and for any time range.

7. Calculation: This indicator is calculated by dividing the total score of responses by the number of responses reported.

8. Scope: This indicator is an aggregated statewide figure that can be broken down to provide data by region or parish.

9. Caveats: This data is reported by clients anonymously and is dependent upon agency staff inputting the responses into the ATR System. It can be skewed by lack of responses.

10. Responsible Person: Yvonne Richard, Program Manager 2, (225) 342-1070,
yvonne.richard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE V: By FY 2022, 90% of individuals who receive Access to Recovery (ATR) services will report positive satisfaction regarding access, quality, and program outcomes.

INDICATOR NAME: Number of individuals served through ATR

LaPAS PI Code: 25242

- 1. Type and Level:** Input; General
- 2. Rationale:** This PI is necessary to support the objective.
- 3. Use:** This indicator is used to make decisions regarding budget allocations.
- 4. Clarity:** ATR to be changed to Access to Recovery (ATR) to provide clarity.
- 5. Validity, Reliability and Accuracy:** This data has not been audited by the Office of the Legislative Auditory. The data is accurate as reported by provider agencies. It is maintained in the Access to Recovery (ATR) System and readily available to be verified in the future.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is the Client Satisfaction Survey which is completed by each client in the ATR Program at each level of care change and at discharge from the program. The surveys are input into the ATR System by the staff of each agency. Reports of raw data may be pulled from the system at any time and for any time range.
- 7. Calculation:** This indicator is calculated by adding the total number of clients admitted into the ATR System during a given timeframe.
- 8. Scope:** This indicator is an aggregated statewide figure that can be broken down to provide data by region or parish.
- 9. Caveats:** The source of this data does not have a bias.
- 10. Responsible Person:** Yvonne Richard, Program Manager 2, (225) 342-1070, yvonne.richard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 1

OBJECTIVE VI: By FY 2022, the statewide average compliance of Access to Recovery (ATR) providers will be 80%.

INDICATOR NAME: Annual statewide average of composite provider ratings of ATR providers

LaPAS PI Code: New

1. Type and Level: Quality; Key

2. Rationale: This indicator provides information regarding the quality of the agency. It assists in making decisions regarding utilization of resources for technical assistance training and the expansion of the network.

3. Use: This indicator is used to make decisions regarding mandatory technical assistance, i.e., those agencies scoring below 80% are required to undergo technical assistance training with ATR staff. It is also used to make decisions regarding budget allocations.

4. Clarity: ATR to be changed to Access to Recovery (ATR) to provide clarity.

5. Validity, Reliability and Accuracy: This data has not been audited by the Office of the Legislative Auditor. It is based on data collected by ATR Staff during chart/online audits. It is maintained in the OBH Database and readily available to be verified in the future.

6. Data Source, Collection and Reporting: The data source for this indicator is monitoring scores collected by ATR Staff during quarterly chart and system audits. Each agency is monitored each quarter and is monitored one quarter behind, making the data collected one quarter old.

7. Calculation: This indicator is calculated by dividing the total score on each chart monitored by the total number of items possible, minus 20% if the chart has recoupable deficiencies. This process is completed for five charts. An average of these scores is calculated to produce the agency's composite provider rating. A statewide average is calculated by dividing the total composite provider ratings by the number of agencies monitored each quarter.

8. Scope: This indicator is an aggregated statewide figure that can be broken down to provide data by region or parish.

9. Caveats: The source of this data does not have a bias.

10. Responsible Person: Yvonne Richard, Program Manager 2, (225) 342-1070, yvonne.richard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 2

OBJECTIVE I: Through FY 2022, OBH will continue to provide to provide evidence-based prevention programs in school based settings.

INDICATOR NAME: Number of individuals served by evidence-based prevention programs

LaPAS PI Code: New

1. Type and Level: Output, Key

2. Rationale: This indicator is a valid measure capturing the number of individuals served in evidence-based prevention programs.

3. Use: Used to monitor the needs/demand for prevention services.

4. Clarity: It reflects on-going primary prevention programs and one-time service demographics.

5. Validity, Reliability and Accuracy: (On-going services) records are maintained by primary prevention programs. Participant (One-time service) demographics are maintained by primary prevention programs. Quarterly reports are run and reviewed for accuracy by OBH state and field staff.

6. Data Source, Collection and Reporting: Enrollee (On-going services) records are maintained by primary prevention programs. Data related to on-going services is best reported in the 4th quarter of the fiscal year. On-going and one-time service activity information is entered into OAD's Prevention Management Information System.

7. Calculation: Actual numbers are reported for on-going activities. Estimates are reported for one-time activities. All reporting includes age, gender, race, and ethnicity.

8. Scope: Number of admissions for primary prevention programs and one time services statewide. This number reflects only OBH regions.

9. Caveats: This reflects a seasonal productivity therefore; quarterly figures may have low validity. Annual performance should be considered when assessing this indicator.

10. Responsible Person: Leslie Brougham Freeman, OBH Director of Prevention Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 2

OBJECTIVE I: Through FY 2022, OBH will continue to provide to provide evidence-based prevention programs in school based settings.

INDICATOR NAME: Percentage of individuals served, ages 12 – 17, who reported that they used alcohol, tobacco and marijuana during the last 30 days

LaPAS PI Code: New

1. Type and Level: Outcome, Key

2. Rationale: This indicator is a valid measure of the impact of evidence-based prevention programs on individuals who participate in them.

3. Use: In conjunction with other indicators, it helps to determine program effectiveness.

4. Clarity: Self-explanatory

5. Validity, Reliability and Accuracy: A pre- and post-test that was developed and validated by the developer of each evidence-based program is used. Pre- and post-tests are administered by staff that have been trained and certified in a particular evidence-based program at the start and completion of each program.

6. Data Source, Collection and Reporting: A standardized survey administered by designated prevention program staff at the start and completion of program. Questions specific to past 30-day use of alcohol, tobacco, and marijuana have been added to pre- and post-tests for middle and high school programs (ages 12-17). Collection is daily, monthly, and/or quarterly. Pre- and Post-Tests are administered by Scrantron, matched, and scored. Reporting is annual.

7. Calculation: Pre- vs. post-test data for individuals age 12-17 on reported past 30-day use of alcohol, tobacco, and marijuana is compared by an external evaluator and OBH Program Staff. It is determined if there has been an increase, maintenance or decrease in reported 30-day use of alcohol, tobacco, and marijuana from an enrollee starting the program, to 30-day use of alcohol, tobacco, and marijuana at completion of the program.

8. Scope: Pre-test data all evidence-based prevention program enrollees ages 12 -17 and post-test data for all evidence-based prevention program enrollees ages 12-17.

9. Caveats: Individual's ability to comprehend subject matter and motivation; qualification and experience of teachers and presenters; method and quality of instruction. The success of this indicator is measured by maintenance of abstinence or a decrease in reported past 30-day use of alcohol, tobacco, or marijuana. If this outcome is consistently above set standards/targets, OAD will revise them accordingly.

10. Responsible Person: Leslie Brougham Freeman, OBH Director of Prevention Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 2

OBJECTIVE II: Through FY 2022, the state will achieve an annual tobacco non-compliance rate of 10% or less.

INDICATOR NAME: Annual tobacco non-compliance rate

LaPAS PI Code: New

1. Type and Level: Outcome, Key

2. Rationale: This indicator is a valid measure of the annual tobacco non-compliance rate and is required by SAMSHA.

3. Use: States are required to conduct annual, unannounced inspections to determine how accessible tobacco is to minors. States are required to maintain a non-compliance rate of no more than 20% or more specifically that no more than 80% of merchants can sell to minors. The Synar Amendment established penalties for states that do not achieve and maintain a non-compliance of no more than 20%. The penalty is a loss of up to 40% of the state's Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

4. Clarity: Self-Explanatory

5. Validity, Reliability and Accuracy: Data collection and methodology follows established procedures, as outlined in this document. Completed random, unannounced compliance checks are conducted by the Office of Alcohol and Tobacco Control are submitted to OBH for review of accuracy. Once they are confirmed to be valid, accurate, and reliable, the results of the checks are run through statistical software to generate the state's non-compliance rate.

6. Data Source, Collection and Reporting: A stratified random sample of outlets are identified and surveyed by a team of one youth operative and two adult agents. The youth operative attempts to purchase tobacco from unrestricted outlets and tests the access of restricted outlets. The adult agents record characteristics of outlets, inspection events, and outcomes, and cite non-compliant outlets and clerks. Information about outlets, inspectors, and the inspection event are entered into an electronic data system via laptop at the time of inspection.

7. Calculation: SAMHSA requires that states utilize the Synar Survey Estimation System (SSES) to analyze compliance inspection results. These results are uploaded to WebBGAS, an online portal used to submit required Substance Abuse Prevention and Treatment (SAPT) Block Grant reports.

8. Scope: Non-compliance rate can be aggregated down to the region/district level. The rate reported is the statewide rate as this is what is required by SAMHSA.

9. Caveats: This indicator is contingent on the continued partnership with the Louisiana Office of Alcohol and Tobacco Control (OATC) and enforcement of laws and regulations specific to retail availability of tobacco products to minors.

10. Responsible Person: Leslie Brougham Freeman, OBH Director of Prevention Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 2

OBJECTIVE III: Through FY 2022, OBH will continue to provide Suicide Prevention education and awareness activities.

INDICATOR NAME: Number of suicide prevention trainings

LaPAS PI Code: New

- 1. Type and Level:** Efficiency, Support
- 2. Rationale:** This indicator is a valid measure of the number of suicide prevention trainings statewide.
- 3. Use:** These trainings increase the knowledge of suicide prevention and the likelihood that intervention skills will be employed to prevent suicides statewide.
- 4. Clarity:** Self-Explanatory
- 5. Validity, Reliability and Accuracy:** Data collection and methodology follows established procedures, as outlined in this document. Providers and staff submit a report after each training which includes the name of the training and the number of attendees. This report is reviewed and validated by the Suicide Prevention Project Director.
- 6. Data Source, Collection and Reporting:** Suicide Prevention Trainers maintain sign-in sheets of individuals that attend suicide prevention trainings. Collection is on-going and reports are generated quarterly.
- 7. Calculation:** Actual numbers of individuals attending suicide prevention trainings are reported.
- 8. Scope:** Number of individuals and type of suicide prevention training are collected on a statewide basis. These can be broken out by individual training.
- 9. Caveats:** Continuation of trainings will be contingent on resources allocated to fund trainings. These trainings are currently funded by the Mental Health Block Grant.
- 10. Responsible Person:** Leslie Brougham Freeman, OBH Director of Prevention Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY – GOAL 2

OBJECTIVE III: Through FY 2022, OBH will continue to provide Suicide Prevention education and awareness activities.

INDICATOR NAME: Number of individuals who participated in suicide prevention trainings

LaPAS PI Code: New

- 1. Type and Level:** Efficiency, Support
- 2. Rationale:** This indicator is a valid measure of the number of individuals who participate in suicide prevention trainings statewide.
- 3. Use:** Suicide prevention trainings increase awareness and knowledge about preventing suicide and increase the likelihood that intervention skills will be employed to prevent suicides statewide.
- 4. Clarity:** Self-Explanatory
- 5. Validity, Reliability and Accuracy:** Data collection and methodology follows established procedures, as outlined in this document. Providers and staff submit a report after each training which includes the name of the training and the number of attendees. This report is reviewed and validated by the Suicide Prevention Project Director.
- 6. Data Source, Collection and Reporting:** Suicide Prevention Trainers maintain sign-in sheets of individuals that attend suicide prevention trainings. Collection is on-going and reports are generated quarterly.
- 7. Calculation:** Suicide Prevention Trainers maintain sign-in sheets of individuals that attend suicide prevention trainings. Collection is on-going and reports are generated quarterly.
- 8. Scope:** Number of suicide prevention trainings are collected on a statewide basis. These can be broken out by individual training.
- 9. Caveats:** Continuation of trainings will be contingent on resources allocated to fund trainings. These trainings are currently funded by the Mental Health Block Grant.
- 10. Responsible Person:** Leslie Brougham Freeman, OBH Director of Prevention Services

PROGRAM C: HOSPITAL-BASED TREATMENT

Principle Customers/Users of the Program and Benefits: This program and its related activities are responsible for the provision of hospital-based services to individuals in the state who need inpatient care behavioral health and/or who are judicially committed.

The mission of the Hospital Based Treatment Program is to provide comprehensive, integrated, evidence informed treatment and support services enabling persons to function at their optimal level thus promoting recovery.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The provision of hospital based services can be impacted by the same barriers and external factors of OBH overall, which adversely impact the agency achieving the goals and objectives of the strategic plan. Among the most important factors are: serious loss of State General Fund revenues, loss of personnel authority leading to the inadequate number of mental health professionals, increasing number of uninsured population, inadequate maintenance of all OBH facilities, limited transportation availability especially in rural areas affecting service access, lack of family involvement, and persistent and strong public stigma regarding mental and addictive disorders.

Methods Used to Avoid Duplication of Effort: OBH provides the only hospital-based state operated inpatient facilities to serve individuals in Louisiana. Analysis of utilization of services provided continues to ensure that services that are provided are needed to serve citizens.

Program Evaluations Used to Develop Goals, Objectives and Strategies: OBH regularly reviews performance data to determine if the program is meeting the stated goals and objectives. All hospital programs are accredited by The Joint Commission and comply with their industry leading quality and safety standards.

Goal 1: The Hospital-Based Treatment Program will promote recovery through the efficient use of evidence-informed care and successful transition to community-based services.

Objective I: Through FY 2022, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

Objective II: During FY 18-22, the rate of the use of physical restraints will be below national norm, as reported by ORYX annually.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

Goal 2: Through the Hospital-Based Treatment Program, OBH will provide services to individuals involved with the court system in compliance with the Forensic consent decree ruling.

Objective 1: Through FY 2022, OBH will maintain substantial compliance with the forensic consent decree.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 1

OBJECTIVE I: Through FY 2022, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

INDICATOR NAME: Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (statewide)

LAPAS PI Code: 24230

1. **Type and Level:** Efficiency; Key
2. **Rationale:** Measures the percentage of clients readmitted to program. Recidivism is a measure of outcome. This is a National Outcome Measure (NOM).
3. **Use:** To monitor clinical effectiveness of program.
4. **Clarity:** None needed
5. **Validity, Reliability and Accuracy:** Data is gathered from the PIP system which is monitored for accuracy
6. **Data Source, Collection and Reporting:** Patient Information Profile (PIP) data system
7. **Calculation Methodology: Numerator:** The number of state hospital intermediate care patients (age 18 and over) discharged to regional state community mental health clinics and readmitted to any state inpatient facility within 30 days. **Denominator:** The total number of state hospital intermediate care adult patients discharged to regional state community mental health clinics. Units Reported: Expressed as a percent.
8. **Scope:** Not applicable.
9. **Caveats:** None
10. **Responsible Person:** Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 1

OBJECTIVE II: During FY 18-22, the rate of the use of physical restraints will be below national norm, as reported by ORYX annually.

INDICATOR NAME: Ratio of inpatient restraint hours to inpatient days (Statewide)

LAPAS PI Code: 25249

1. **Type and Level:** Quality; Supporting
2. **Rationale:** The use of physical restraints in psychiatric hospitals should be seen as a last resort to be used only when there is an immediate risk to the safety of the client or others. National, state, and local initiatives to reduce/eliminate the use of restraints are ongoing.
3. **Use:** Provides information relative to the rate of restraint use by OBH inpatient facilities.
4. **Clarity:** None needed
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This indicator is one of The Joint Commission's official performance measures for psychiatric hospitals.
6. **Data Source, Collection and Reporting:** Hospital medical records reviews
7. **Calculation Methodology: Numerator** – Total number of hours that all psychiatric inpatients were in restraints. **Denominator** – Number of inpatient psychiatric days.
8. **Scope:** Statewide aggregated data from OBH inpatient hospitals.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection
10. **Responsible Person:** OBH Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

Goal 2: To provide for services to individuals involved with the court system in compliance with the Forensic consent decree ruling.

Objective I: Through FY 2022, OBH will maintain substantial compliance with the forensic consent decree.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 2

OBJECTIVE I: Through FY 2022, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

INDICATOR NAME: Through FY 2022, OBH will maintain substantial compliance with the forensic consent decree.

LAPAS PI Code: 25250

1. **Type and Level:** Quality; Key
2. **Rationale:** Consent decree relative to the treatment of forensic clients by LDH mandates significant compliance with certain specific guidelines relative to timeliness of services.
3. **Use:** Provides information relative to the compliance with guidelines set forth in the consent decree.
4. **Clarity:** None needed
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This indicator is one of The Joint Commission's official performance measures for psychiatric hospitals.
6. **Data Source, Collection and Reporting:** Monthly consent decree report.
7. **Calculation Methodology:** **Numerator** – Total number of factors in compliance. **Denominator** – Total factors
8. **Scope:** Statewide aggregated data from OBH inpatient hospitals.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection
10. **Responsible Person:** OBH Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL BASED TREATMENT

INDICATOR NAME: Inpatient Care - Total adults served (ELMHS-Civil License; ELMHS-Forensic License; ELMHS-Civil and Forensic License; CLSH Civil Intermediate)

1. **Type and Level:** Output; General
2. **Rationale:** This indicator measures the total number of inpatients receiving services, regardless of treatment type.
3. **Use:** To provide management with the total number served during a given time period.
4. **Clarity:** Self-explanatory.
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy. The Executive Staff has determined that this indicator is a valid measure of the performance issue.
6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.
7. **Calculation Methodology:** Total number of individuals at beginning of period plus the number of individuals admitted during the period.
8. **Scope:** Persons served in intermediate civil psychiatric hospitals- Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Staff:** OBH Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Inpatient Care - Average daily census (ELMHS-Civil License; ELMHS-Forensic License; ELMHS-Civil and Forensic License; CLSH Civil Intermediate)

1. **Type and Level:** Output; General
2. **Rationale:** To provide a management tool for utilization of resources during a given point in time.
3. **Use:** To provide a management tool for utilization of resources during a given point in time
4. **Clarity:** Self-explanatory.
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy. The Executive Staff has determined that this indicator is a valid measure of the performance issue.
6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.
7. **Calculation Methodology: Numerator:** Number of inpatient days, **Denominator:** Number of days in a given period of time. **Units Reported:** Census count (average).
8. **Scope:** Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** OBH Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Inpatient Care - Average daily occupancy rate (ELMHS-Civil License; ELMHS-Forensic License; ELMHS-Civil and Forensic License; CLSH Civil Intermediate)

1. **Type and Level:** Output; General
2. **Rationale:** To provide a management tool for utilization of resources during a given point in time.
3. **Use:** To provide a management tool for utilization of resources during a given point in time.
4. **Clarity:** Self-explanatory.
5. **Validity, Reliability and Accuracy:** This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy.
6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.
7. **Calculation Methodology:** **Numerator:** Number of patient days, **Denominator:** Number of staffed beds times the days in the time period. **Units Reported:** Persons (average).
8. **Scope:** Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** OBH Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Inpatient Care - Average length of stay in days (ELMHS-Civil License; ELMHS-Forensic License; ELMHS-Civil and Forensic License; CLSH Civil Intermediate)

1. **Type and Level:** Output; General
2. **Rationale:** To provide a management tool for utilization of resources during a given point in time.
3. **Use:** To provide a management tool for utilization of resources during a given point in time.
4. **Clarity:** A cumulative average length of stay for all discharged patients during a given period of time.
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy. The Executive Staff has determined that this indicator is a valid measure of the performance issue.
6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.
7. **Calculation Methodology:** **Numerator:** Number of adult discharge days **Denominator:** Number of total discharges for a given period of time **Units Reported:** Days (average).
8. **Scope:** Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** OBH Central Office, Dr. Leila Miller, 225-342-3511 Leila.Miller@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM A: Administration (1000)

ACTIVITY: OCDD Central Office Administrative Services

Principal Customers/Users of Program and Benefits: The Office for Citizens with Developmental Disabilities (OCDD) serves individuals with developmental disabilities and their families in a variety of settings with a wide array of supports and services. People may be supported in their own homes or apartments, in their family homes, in the OCDD-operated supports and services center, and through community services (resource centers). Supports and services are provided to persons with developmental disabilities regardless of age (infants, toddlers, children, and adults).

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: The internal factors identified include the longer life span of persons with developmental disabilities, which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for children and youth who have developmental disabilities and complex needs as well as individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs are resulting in increased difficulties planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect achievement of goals and objectives.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical, behavioral and/or psychiatric needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could significantly affect the achievement of objectives in this program.

Methods Used to Avoid Duplication of Effort: The Administration Program of OCDD supports the Local Governing Entities that coordinate system entry and a variety of community-based supports and services. The program also manages the EarlySteps program, the LDH-operated supports and services center, and the resource centers. The supports and services center provides living options and related developmental services primarily to individuals with complex medical, behavioral, and/or psychiatric needs. Due to their provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability Law, duplication is not a factor.

Program Evaluations Used to Develop Goals, Objectives and Strategies: As the initial step of preparing the FY 2018-2022 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized. OCDD Executive Management Team members and their staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Program A Goal I: To provide system design, policy direction, and operational oversight to the Developmental Disabilities Services System in a manner which promotes person-centeredness, promising practices, accountability, cost effectiveness, and consumer responsiveness.

Statutory Authority for Goals: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Central Office Administrative Services - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource centers as they exercise their mandates under state law.

Objective I: To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly affected by objective: Individuals with developmental disabilities and their families who receive developmental disabilities services and supports will benefit from or be affected by this objective.

Indicator Name:	Percentage of New Opportunities Waiver (NOW) participants making progress toward or achieving personal goals (from quarterly quality review tool)
LaPAS PI Code:	24643
1. Type and Level:	Outcome/Key
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for internal management in assessing strategies to provide effective and efficient service delivery & performance-based budgeting
4. Clarity:	Clear
5. Accuracy, Maintenance, Support:	No, internal audit sample
6. Data Source, Collection & Reporting:	Internal database; annually
7. Calculation Methodology:	Number of waiver participants making progress toward achieving their goals divided by the total number of NOW participants sampled
8. Scope:	Aggregate
9. Caveats:	No
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Total number of HCBS and ICF/DD recipients
LaPAS PI Code:	25634
1. Type and Level:	Output/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
7. Calculation Methodology:	Sum of HCBS recipients and ICF/DD recipients
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Total HCBS and ICF/DD expenditures
LaPAS PI Code:	25635
1. Type and Level:	Output/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal reports; while collection is on-going, data will be reported annually.
7. Calculation Methodology:	Sum of HCBS expenditures and ICF/DD expenditures
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of recipients of HCBS
LaPAS PI Code:	25636
1. Type and Level:	Outcome/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
7. Calculation Methodology:	Number of HCBS recipients divided by total number of HCBS and ICF/DD services recipients
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of recipients of ICF/DD services
LaPAS PI Code:	25637
1. Type and Level:	Outcome/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
7. Calculation Methodology:	Number of ICF/DD service recipients divided by total number of HCBS and ICF/DD services recipients
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of expenditure for HCBS
LaPAS PI Code:	25638
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
7. Calculation Methodology:	Expenditures for HCBS divided by the total expenditure for HCBS and ICF/DD services
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of expenditure for ICF/DD services
LaPAS PI Code:	25639
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
7. Calculation Methodology:	Expenditures for ICF/DD services divided by the total expenditure for HCBS and ICF/DD services
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of budgeted community funding expended
LaPAS PI Code:	24647
1. Type and Level:	Output/Key
2. Rationale:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
6. Data Source, Collection & Reporting:	ISIS Monthly Reports; quarterly reporting
7. Calculation Methodology:	Total state-funded community expenditures divided by total budget for community
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Craig Gannuch, Fiscal Director, (225) 342-0095, Craig.Gannuch@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of re-admissions to an institutional setting (public or private ICF/DD, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition as My Place Louisiana participant
LaPAS PI Code:	25640
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will verify effectiveness of community waiver supports and My Place supports for transition of individuals from institutions to community-based service options.
3. Use:	Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, monthly validation of aggregate data set entries and annual validation utilizing billing data is in place.
6. Data Source, Collection & Reporting:	OCDD My Place staff; My Place aggregate data set; quarterly reporting
7. Calculation Methodology:	Total number of people re-admitted to an institutional setting within one year of transition
8. Scope:	Aggregated
9. Caveats:	Data is collected by My Place staff. Initial reporting is contingent upon Support Coordination notification. Length of stay is confirmed by My Place staff with the institutional setting and then checked via an annual review of Medicaid billing data. Reporting for impact month may lag by 30 days due to notification and verification processes.
10. Responsible Person:	Faimon Roberts, My Place Louisiana Coordinator, (225) 342-9005, Faimon.Roberts@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of individuals transitioned as a My Place Louisiana participant who do not return to an institutional setting (public or private ICF/DD, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition
LaPAS PI Code:	25641
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will verify success of the My Place transitions program and community waiver supports to effect sustainable transitions.
3. Use:	Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, monthly validation of aggregate data set entries and annual validation utilizing billing data is in place.
6. Data Source, Collection & Reporting:	OCDD My Place staff; My Place aggregate data set; quarterly reporting
7. Calculation Methodology:	Number of individuals who do not return to an institutional setting within one year of discharge divided by the number of individuals who are transitioned within year
8. Scope:	Aggregated
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Faimon Roberts, My Place Louisiana Coordinator, (225) 342-9005, Faimon.Roberts@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of progress toward My Place Louisiana transitions annual benchmark of number of persons transitioned
LaPAS PI Code:	25642
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate adherence to OCDD obligations for administration of the My Place Louisiana/MFP Rebalancing Demonstration federal funding award.
3. Use:	Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, monthly validation of aggregate data set entries is in place.
6. Data Source, Collection & Reporting:	OCDD My Place staff; My Place aggregate data set; quarterly reporting
7. Calculation Methodology:	Number of persons transitioned divided by annual projected total number of persons transitioned
8. Scope:	Aggregated
9. Caveats:	My Place program's meeting of transition goals is contingent upon: (1) availability of waiver slots/opportunities with timely offers being made to persons in private facility settings, (2) transition referrals from public SSC, and (3) use of money follows the person, either by children from hospital/nursing facility settings or ROW conversion.
10. Responsible Person:	Faimon Roberts, My Place Louisiana Coordinator, (225) 342-9005, Faimon.Roberts@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Central Office Administrative Services

Objective II: To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly affected by objective: Individuals with developmental disabilities and their families who receive developmental disabilities services and supports will benefit from or be affected by this objective.

Indicator Name:	Percentage of months in the designated period that reports were delivered accurately and timely
LaPAS PI Code:	24653
1. Type and Level:	Outcome/Key
2. Rationale:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Copies of submitted reports from budgetary units; quarterly reporting
7. Calculation Methodology:	Total months that reports were submitted accurately and timely divided by the total months in the designated period
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Craig Gannuch, Fiscal Director, (225) 342-0095, Craig.Gannuch@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of people surveyed reporting they had overall satisfaction with services received
LaPAS PI Code:	22461
1. Type and Level:	Outcome and Quality/Supporting
2. Rationale:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used in performance-based budgeting and internal management to measure responsiveness to citizens' needs
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	National database; collected through annual survey; annual reporting
7. Calculation Methodology:	Number of families surveyed reporting "always" or "sometimes" satisfied divided by number of families surveyed
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Pam Sund, Program Manager 3, (225) 342-0095, Pam.Sund@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of people surveyed reporting that they had choice in the services they received
LaPAS PI Code:	22462
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will measure responsiveness to citizens' needs
3. Use:	Will be used in performance-based budgeting and internal manage to measure responsiveness to citizens' needs
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	National database; collected through annual survey; reported annually
7. Calculation Methodology:	Number of families served reporting "usually" or "sometimes have choice" divided by number of family survey reporting "usually/sometimes" or "seldom/never have choice"
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Pam Sund, Program Manager 3, (225) 342-0095, Pam.Sund@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of Local Governing Entities (LGEs) receiving an annual validation visit (from review of reports of validation visits)
LaPAS PI Code:	24654
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will measure monitoring of regional performance
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal reports are completed following annual validation visits; data will be reported annually upon completion of all LGEs.
7. Calculation Methodology:	Number of authorities/districts surveyed during the fiscal year divided by number of LGEs
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Pam Sund, Program Manager 3, (225) 342-0095, Pam.Sund@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of Office contracts
LaPAS PI Code:	24655
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Copies of submitted reports from contract manager; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Total months in fiscal year that the contract report was produced with required information divided by the total months in fiscal year
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Craig Gannuch, Fiscal Director, (225) 342-0095, Craig.Gannuch@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM B: Community-Based Supports (2000)

Principal Customers/Users of the Program and Benefits: The Office for Citizens with Developmental Disabilities (OCDD) serves persons with developmental disabilities and their families in community settings with a wide array of supports and services. People are supported in their own homes or apartments and in their family homes. OCDD's community-based programs provide supports and services to persons with developmental disabilities who reside in community settings, including children, adults, and their families. Developmental disabilities services include but are not limited to information and referral services, support coordination services, system entry services, individual and family support services, living options, habilitation services and vocational services.

Potential Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: The internal factors identified include the longer life span of persons with developmental disabilities, which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for children and youth with complex needs as well as individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs are resulting in increased difficulties planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect projected timelines.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical and/or behavioral needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could significantly affect the achievement of objectives in this program.

Methods Used to Avoid Duplication of Effort: The Local Governing Entities provide community-based services and supports and serve as the single point of entry into the developmental disabilities system. Due to their provision of specialized and regionally based services, in accordance with Louisiana's Developmental Disability law, duplication of effort is not a factor. OCDD avoids duplication through coordinated work efforts with the Louisiana Developmental Disabilities Council which is the federally funded planning agency for developmental disabilities services.

Program Evaluations Used to Develop Goals, Objectives and Strategies: As the initial step of preparing the FY 2018-2022 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized. OCDD Executive Management Team members and their staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Program B Goal I: To develop and manage in a fiscally responsible way the delivery of an array of community-based supports and services so that people with developmental disabilities achieve their person-centered or family-driven outcomes in the pursuit of quality of life, well-being, and meaningful relationships.

Program B Goal II: To increase community capacity and competence in a manner consistent with evidence-based practice and national standards of care in order to meet the identified needs of people with developmental disabilities, including the capacity of families, government agencies, and community organizations and businesses, as well as the capacity of those providing specialized disability supports and services.

Statutory Authority for Goal: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Community Program Development and Management - This activity provides state-wide oversight and management of the delivery of individualized community-based supports and services, including Home and Community-Based (HCBS) waiver services, through assessment, information/choice, planning, and referral, in a manner which affords opportunities for people with developmental disabilities to achieve their personally defined outcomes and goals. Community-based services and programs include, but are not limited to, Flexible Family Funds, Individual & Family Support, State-Funded Case Management, Pre-Admission Screening & Resident Review (PASRR), Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) Certification, Single Point of Entry, EarlySteps, and waivers (New Opportunities Waiver, Children's Choice Waiver, Supports Waiver, and Residential Options Waiver).

Objective I: To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly impacted by the objective: Individuals with developmental disabilities and their families who apply for developmental disabilities services and those who receive community-based services and supports will benefit from this objective.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of available Residential Options Waiver (ROW) opportunities utilized
LaPAS PI Code:	22479
1. Type and Level:	Efficiency and Input/Key
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	External contractor; quarterly reporting
7. Calculation Methodology:	Number of ROW opportunities filled divided by the total number of ROW opportunities available
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of available Supports Waiver (SW) opportunities utilized
LaPAS PI Code:	22478
1. Type and Level:	Efficiency and Input/Key
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	External contractor; quarterly reporting
7. Calculation Methodology:	Number of Support Waiver opportunities used divided by the total number of Support Waiver opportunities available
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of available Children's Choice (CC) waiver opportunities utilized
LaPAS PI Code:	22476
1. Type and Level:	Efficiency and Input/Key
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	External contractor; quarterly reporting
7. Calculation Methodology:	Number of Children's Choice waiver opportunities filled divided by the total number of Children's Choice waiver opportunities available
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of available New Opportunities Waiver (NOW) opportunities utilized
LaPAS PI Code:	22477
1. Type and Level:	Efficiency and Input/Key
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	External contractor; quarterly reporting
7. Calculation Methodology:	Number of NOW opportunities filled divided by the total number of NOW opportunities available
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of waiver participants who have remain in the community and do not require admission to a more restrictive setting
LaPAS PI Code:	24660
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate effectiveness of waiver services to assist people to remain in their homes and communities
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	Internal database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Number of waiver participants discharged into a more restrictive setting divided by the total number of waiver participants
8. Scope:	Aggregate
9. Caveats:	Data will be collected from the NOW, Children's Choice, Supports Waiver, and ROW. The data collection will be contingent upon the Medicaid and Regions/ Districts/ Authorities collection.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of individuals participating in HCBS waivers who utilize self-direction
Indicator LaPAS PI Code:	25036
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate effectiveness of self-direction initiative
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	Clear
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	Internal database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Total number of individuals participating in HCBS waivers who utilize self-direction
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of persons in individual integrated employment
Indicator LaPAS PI Code:	25035
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate effectiveness of Employment First initiative
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	Clear
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	Internal database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Total number of individuals in integrated employment
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of years on Request for Services Registry until offered a New Opportunities Waiver (NOW) opportunity
LaPAS PI Code:	24648
1. Type and Level:	Output/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database maintained by contractor; semi-annual reporting
7. Calculation Methodology:	Average wait time based on calculation of subtracting the dates of offer from dates placed on registry
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of years and Request for Services Registry until offered a Children's Choice (CC) opportunity
LaPAS PI Code:	24649
1. Type and Level:	Output/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services.
3. Use:	Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database maintained by contractor; semi-annual reporting
7. Calculation Methodology:	Average wait time based on calculation of subtracting the date of offer from date placed on registry
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of years on Request for Services Registry until offered a Supports Waiver (SW) opportunity
LaPAS PI Code:	24650
1. Type and Level:	Output/Key
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database maintained by contractor; semi-annual reporting
7. Calculation Methodology:	Average wait time based on calculation of subtracting the date of offer from date placed on registry
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Paul Rhorer, Program Manager 4, (225) 342-0095, Paul.Rhorer@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of individuals with developmental disabilities supported through HCBS waivers
LaPAS PI Code:	25034
1. Type and Level:	Outcome/Key
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	External database; on-going collection; quarterly reporting
7. Calculation Methodology:	Total number of individuals with developmental disabilities supported through HCBS waivers
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of allocated New Opportunities Waiver (NOW) slots
LaPAS PI Code:	7964
1. Type and Level:	Output/GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal database; annual reporting
7. Calculation Methodology:	Total number of allocated New Opportunities Waiver (NOW) slots
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of allocated Children's Choice waiver slots
LaPAS PI Code:	12055
1. Type and Level:	Output/GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal database; annual reporting
7. Calculation Methodology:	Total number of allocated Children's Choice waiver slots
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of allocated Supports Wavier slots
LaPAS PI Code:	22240
1. Type and Level:	Output/GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal database; annual reporting
7. Calculation Methodology:	Total number of allocated Supports Waiver slots
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of allocated Residential Options Waiver (ROW) slots
LaPAS PI Code:	22265
1. Type and Level:	Output/GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal database; annual reporting
7. Calculation Methodology:	Total number of allocated Residential Options Waiver (ROW) slots
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Julie Foster, Deputy Assistant Secretary for Community Services, (225) 342-0095, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: EarlySteps: Identifying and Providing Services to Infants and Toddlers with Disabilities - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays ages birth to three and their families. Services provided through this program include: audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

Objective II:

To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly impacted by the objective: Infants and toddlers with disabilities (and their families) who without early intervention are likely to require special education/related services will benefit or be impacted by this objective.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of infants and toddlers in the state that are identified as eligible for EarlySteps
LaPAS PI Code:	24663
1. Type and Level:	Outcome/Key
2. Rationale:	Will indicate effectiveness of outreach efforts
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	External database; quarterly reporting
7. Calculation Methodology:	Number of infants and toddlers identified as eligible divided by the annual census projection of infants and toddlers
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brenda Sharp, Program Manager 2, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of Individual Family Services Plans developed within 45 days of referral
LaPAS PI Code:	24664
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
6. Data Source, Collection & Reporting:	External database; semi-annual reporting
7. Calculation Methodology:	Number of IFS plans developed within 45 days of referral divided by the total number of IFS plans developed
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brenda Sharp, Program Manager 2, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan
LaPAS PI Code:	24665
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
6. Data Source, Collection & Reporting:	External database; semi-annual reporting
7. Calculation Methodology:	Number of IFS plans implemented within 30 days of parent consent on the IFS plan divided by the total number of IFS plans implemented
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brenda Sharp, Program Manager 2, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of families referred for entry to developmental disability services whose applications are processed by Local Governing Entities
LaPAS PI Code:	24666
1. Type and Level:	Outcome/Key
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
6. Data Source, Collection & Reporting:	External database; quarterly reporting
7. Calculation Methodology:	Number of families referred for entry to developmental disabilities services divided by the number of families who requested referral
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brenda Sharp, Program Manager 2, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of children enrolled in EarlySteps who are able to access, participate in and receive supports in early care and education settings when identified as a family priority
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
6. Data Source, Collection & Reporting:	Early Intervention Data System (EIDS)
7. Calculation Methodology:	Number of infants and toddlers receiving support in child care divided by total number receiving support in community settings
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brenda Sharp, Program Manager 2, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of families reporting that early intervention improved their ability to help their child develop and learn
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
6. Data Source, Collection & Reporting:	Family Outcomes Survey
7. Calculation Methodology:	Number responding with a response of 5 or above to specific survey question divided by the total number of survey responses
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brenda Sharp, Program Manager 2, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM F: Pinecrest Supports and Services Center (6000) and OCDD Resource Centers (6000)

Principal Customers/Users of Program and Benefits: The Office for Citizens with Developmental Disabilities (OCDD) serves individuals with developmental disabilities and their families in a variety of settings with a wide array of supports and services. People with more complex medical and/or behavioral needs requiring twenty-four-hour active treatment services may be served in the LDH-operated supports and services center. Additionally, individuals who require specialized, therapeutic behavioral and psychiatric supports/stabilization may be supported through this program. Individual support plans are developed utilizing the OCDD Guidelines for Support Planning for each individual receiving supports and services center services.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: The internal factors identified include the longer life span of persons with developmental disabilities which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for individuals with complex needs are resulting in increased difficulties of planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect projected timelines.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical, behavioral and/or psychiatric needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could affect the achievement of objectives in this program.

Methods Used to Avoid Duplication of Effort: The Pinecrest Supports and Services Center Program supports individuals with complex medical and/or behavioral needs requiring twenty-four-hour active treatment services as well as individuals who require specialized therapeutic, psychiatric and behavioral support/stabilization. The Resource Centers provide training, consultation, and technical assistance to service and caregiver resources in the community to meet the behavior and psychiatric support needs of persons with disabilities in existing community settings and to avoid institutional placement. Due to the provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability Law, duplication is not a factor.

Program Evaluations Used to Develop Goals, Objectives and Strategies: As the initial step of preparing the FY 2018-2022 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized. OCDD Executive Management Team members and their staff then addressed respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Statutory Authority for Goals: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Pinecrest Supports and Services Center - Residential Services - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

Program F Pinecrest Supports and Services Center Residential Services Goal I:

To provide specialized residential services to individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs in a manner that supports the goal of returning or transitioning individuals to community-based options.

Program F Pinecrest Supports and Services Center Residential Services Goal II:

To provide services in a manner that is efficient, effective and supports choice and quality of life.

Objective I: To further decrease reliance on public residential supports and services during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly affected by objective: Individuals with developmental disabilities whose needs and desires indicate that they would be better served in a community-based residential setting will benefit from or be affected by this objective.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of people transitioned to private provider community options according to assessment/support team recommendations
LaPAS PI Code:	22522
1. Type and Level:	Output/Key
2. Rationale:	Will verify successful implementation of assessment/support team recommendations for transition of individuals to private community options
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Total number of people transitioned to private provider community options according to assessment/support team recommendations
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Shannon Thorn, Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of re-admissions to center within one year of transition
LaPAS PI Code:	24697
1. Type and Level:	Outcome/Key
2. Rationale:	Will verify successful implementation of assessment/support team recommendations for transition of individuals to private community options
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Total number people re-admitted to center within one year of transition
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified
10. Responsible Person:	Shannon Thorn, Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of Conditions of Participation in compliance during Health Standards Reviews
LaPAS PI Code:	22519
1. Type and Level:	Outcome and Quality/Key
2. Rationale:	Will verify successful compliance with Title XIX federal regulations for Intermediate Care Facilities for Persons with Developmental Disabilities thus continuing Medicaid funding
3. Use:	Will be used in in assessment of services provided, performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	Annual survey finding report prepared and submitted by Health Standards Section; results will be reported annually.
7. Calculation Methodology:	Number of Conditions of Participation in compliance divided by the total number of Conditions in applicable regulations (Title XIX)
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified
10. Responsible Person:	Shannon Thorn, Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Pinecrest Supports and Services Center - Residential Services

Objective II:

To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly affected by objective: Individuals who reside at Pinecrest Supports and Services Center who require specialized, therapeutic psychiatric and behavioral supports/stabilization.

Indicator Name:	Percentage of individuals discharged who do not return to therapeutic program within one year of discharge
LaPAS PI Code:	24703
1. Type and Level:	Outcome/Key
2. Rationale:	Will verify success of program
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Number of individuals who do not return to a therapeutic program within one year of discharge divided by the number of individuals who are discharged within year
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Shannon Thorn, Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Average length of stay (years) in the therapeutic program for individuals admitted within the last five years
LaPAS PI Code:	25643
1. Type and Level:	Outcome/Key
2. Rationale:	Will verify success of program
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Number of individuals who do not return to a therapeutic program within one year of discharge divided by the number of individuals who are discharged within year
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Shannon Thorn, Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Resource Centers - This activity directs and manages the Central Louisiana, North Lake, Northwest, and Greater New Orleans resource centers, including the Community Support Teams and Psychologists, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the medical, behavior and psychiatric support needs of persons with disabilities in existing community settings and to avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

Program F: OCDD Resource Centers Goal I:

To provide a person-centered planning process consistent with a needs-based assessment that focuses on the person's goals and desires and addresses quality of life.

Program F: OCDD Resource Centers Goal II:

To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings.

Program F: OCDD Resource Centers Goal III:

To increase the capacity of the Developmental Disabilities Services System to support people with complex behavioral, mental health, and/or medical needs in all service settings.

Objective I: To increase capacity building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly affected by objective: The primary beneficiaries of this objective are community-based private providers, along with the individuals and their families that they serve/support. Community-capacity building is the key initiatives of the resource centers.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of individuals served by the resource centers' medical/nursing, allied health and behavioral health professionals who remain in their most integrated setting
LaPAS PI Code:	24259
1. Type and Level:	Outcome/Key
2. Rationale:	Will verify the success of the resource centers in supporting individual to remain in their most integrated setting
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Number of people served by the resource centers who remain in their most integrated setting divided by the number of people served by the resource centers
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of individuals reporting satisfaction across the <i>Partners in Quality</i> (PIQ) assessed living situations
LaPAS PI Code:	24699
1. Type and Level:	Outcome and Quality/Supporting
2. Rationale:	Will verify individual's satisfaction with PIQ assessed living situations
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Number of individuals reporting satisfaction across the <i>Partners in Quality</i> (PIQ) assessed living situations divided by the number of individuals surveyed
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of individuals reporting satisfaction across the <i>Partners in Quality</i> (PIQ) assessed work/day areas
LaPAS PI Code:	24700
1. Type and Level:	Outcome and Quality/Supporting
2. Rationale:	Will verify individual's satisfaction with PIQ assessed work/day areas
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Number of individuals reporting satisfaction across the <i>Partners in Quality</i> (PIQ) assessed work/day areas divided by the number of individuals surveyed
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of resource center training events
LaPAS PI Code:	24692
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will verify the number of resource training events
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Total number of training events offered by the resource centers
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of resource center technical assistance sessions
LaPAS PI Code:	24694
1. Type and Level:	Output and Outcome/Supporting
2. Rationale:	Will verify the number of resource center technical assistance sessions
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Total number of resource center technical assistance sessions
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Number of resource center consultations
LaPAS PI Code:	24695
1. Type and Level:	Output and Outcome/Supporting
2. Rationale:	Will verify the number of resource center consultations
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Total number of resource center consultations
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of diversions (from facility admission) post Resource Center crisis triage
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale:	Will verify the success of Resource Center crisis triage services
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Number of individuals diverted from facility admission following Resource Center crisis triage services divided by the number of individuals provided Resource Center crisis triage services
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	Percentage of customers that report satisfaction with resource center services
LaPAS PI Code:	24696
1. Type and Level:	Outcome and Quality/Supporting
2. Rationale:	Will verify customers' satisfaction with resource center training offered
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
6. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
7. Calculation Methodology:	Number of customers reporting satisfaction with resource center training offering divided by the number of customers surveyed
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, Brandi.Kelly@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM G: Auxiliary Account (A000)

Principal Customers/Users of Program and Benefits: Individuals, who reside in the remaining supports and services center, with a support team recommendation for paid work and/or therapeutic activities will benefit from or be affected by this objective as it provides the funding for implementation of such recommendations.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: An internal factors identified includes the longer life span of persons with developmental disabilities which increases the complexity of their health/medical care needs in both residential and community settings. This factor also increases the complexity of designing strategies to meet personal outcomes in the areas of health, vocation and community integration.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to provide employment and other community integration opportunities for individuals with complex medical and/or behavioral needs.

Methods Used to Avoid Duplication of Effort: The Auxiliary Administration Program of OCDD supports the LDH-operated supports and services center which provide living options primarily to individuals with complex medical and/or behavioral needs. Due to their provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability Law, duplication is not a factor.

Program Evaluations Used to Develop Goals, Objectives and Strategies: As the initial step of preparing the FY 2018-2022 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized. OCDD Executive Management Team members and staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Program G Goal:

To support people with developmental disabilities with quality of life and the attainment of personal goals.

Statutory Authority for Goals: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Auxiliary Services - This activity provides the funding mechanism to provide residents of the LDH-operated supports and services center with paid work opportunities and/or therapeutic activities as recommended by their support teams.

Objective I: To provide residents of the LDH-operated supports and services center (Pinecrest) with opportunities for paid work and/or therapeutic activities, as recommended by their support teams during FY 2018 through FY 2022.

Primary Persons who will benefit from or be significantly affected by objective: Individuals, who reside in the remaining supports and services center, with a support team recommendation for paid work and/or therapeutic activities will benefit from or be affected by this objective.

Indicator Name:	Percentage of individuals of the LDH-operated supports and services center who have paid work and/or therapeutic activities as recommended by support teams
LaPAS PI Code:	24264
1. Type and Level:	Outcome/Key
2. Rationale:	Will verify success of account in providing for recommended activities
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
6. Data Source, Collection & Reporting:	Internal database; ongoing collection; quarterly reporting
7. Calculation Methodology:	Number of individuals in the SSC who have paid work or therapeutic activities divided by the number of individuals who have been recommended for paid work or therapeutic activities by the support teams
8. Scope:	Aggregate
9. Caveats:	No caveats have been identified.
10. Responsible Person:	Craig Gannuch, Fiscal Director, (225) 342-0095, Craig.Gannuch@LA.GOV

Statutory Authority for Program:

The Imperial Calcasieu Human Services Authority was created by Act 373 in the 2008 Legislative Session.

Principle Customers/Users of the Program and Benefits:

Persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families, who live Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis Parishes served by Imperial Calcasieu Human Services Authority (ImCal HSA).

External factors with potential negative impact on achieving goals and objectives include:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which ImCal HSA has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Management Team.

Internal Factors that May Affect the Achievement of Goals and Objectives:

As part of an ongoing process, ImCal HSA identifies internal opportunities for performance and quality improvement and implements actions to assure positive impact or to mitigate negative impact on achieving Goals and Objectives. Internal opportunities include:

- Continuous performance and quality improvement activities;

- Reorganization of functional structure;
- Advancement of effective and efficient workflow processes;
- Accountability and productivity;
- Focus on leadership and supervision; and,
- Succession planning.

Internal factors anticipated to have a significant positive effect on ImCal HSA's achievement of goals and objectives include the following: the ability, as a Local Governing Entity, to expeditiously and continuously assess needs at the community level; strong and supportive relationships with local elected officials and members of the SWLA legislative delegation; position as the leading provider of community-based behavioral health and developmental disabilities services and supports; provision of holistic services; and provision of a wide array of evidence-based and best practices.

Overall responsibility for leading and monitoring of Authority operations and activities rests with the Executive Director and the members of the Executive Management Team. However, input and suggestions for enhancement or improvement are actively encouraged from all levels of staff whether on an informal basis, via employee surveys, from the employee committee, or during supervision/coaching.

Program Evaluations Used to Develop Goals, Objectives, and Strategies:

ImCal HSA strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Executive Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. ImCal HSA actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by the legislative audit. Additionally, ImCal HSA continuously monitors level of care and service recipient outcomes through its practice management model and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort:

ImCal HSA shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within ImCal HAS. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the ImCal HSA Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability

System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Administration

OBJECTIVE: To develop policies and procedures that govern the provision of services, to ensure accountability of those quality services to individuals served throughout the ImCal HSA catchment area.

INDICATOR NAME: Total number of individuals served in the Imperial Calcasieu Human Services Authority.

LaPAS PI Code: 25279

1. Type and Level: Output/ General Performance Information

2. Rationale: This indicator has been selected so Imcal HSA can track how many clients are being served. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record and the DD Division's Participant Database.

6. Data Source, Collection and Reporting: Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the BH Electronic Health Record and DD Participant Database.

8. Scope: All individuals who receive mental health, addiction and home & community based DD services in the ImCal HSA catchment area.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record and database.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Administration

OBJECTIVE: To develop policies and procedures that govern the provision of services, to ensure accountability of those quality services to individuals served throughout the ImCal HSA catchment area.

INDICATOR NAME: Percentage of Imperial Calcasieu Human Services Authority clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI Code: 25259

1. Type and Level: Outcome/Key Performance Indicator

2. Rationale: This indicator was selected so ImCal HSA can measure how clients view the type and quality of services that they receive.

3. Use: This indicator will be used in management decision making and other agency processes so ImCal HSA can utilize clients well-being and contentment with the organization as a positive driving point in the services provided.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed quarterly within the BH Clinics and offered at multiple points of service within the DD Division.

7. Calculation Methodology: Comments are collected and compiled quarterly. An overall summary is compiled at the end of each collection period and the percentage of positive responses is reported.

8. Scope: Data collected from persons who attend clinic-based appointments within the BH and DD Divisions.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of the ImCal sites.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Administration

OBJECTIVE: To develop policies and procedures that govern the provision of services, to ensure accountability of those quality services to individuals served throughout the ImCal HSA catchment area.

INDICATOR NAME: Percentage of Imperial Calcasieu Human Services Authority clients who state they would recommend the clinics to family and friends.

LaPAS PI Code: 25260

1. Type and Level: Quality/Key Performance Indicator

2. Rationale: This indicator was selected so ImCal HSA can measure how clients view the type and quality of services that they receive.

3. Use: This indicator will be used in management decision making and other agency processes so ImCal HSA can utilize clients well-being and contentment with the organization as a positive driving point in the services provided.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed quarterly within the BH Clinics and offered at multiple points of service within the DD Division.

7. Calculation Methodology: Comments are collected and compiled quarterly. An overall summary is compiled at the end of each collection period and the percentage of positive responses is reported.

8. Scope: Data collected from persons who attend clinic-based appointments within the BH and DD Divisions.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of the ImCal sites.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Number of adults served with MH services in all Imperial Calcasieu Human Services Authority Behavioral Health clinics.

LaPAS PI Code: 25264

1. Type and Level: Output/Key Performance Indicator

2. Rationale: This indicator has been selected so Imcal HSA can track how many clients are receiving MH services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

6. Data Source, Collection and Reporting: The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the BH Electronic Health Record which indicates persons served who receive a MH service.

8. Scope: All adults who carry a diagnosis of a mental health disorder and are served within the ImCal HSA BH Clinics.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Number of children / adolescents served with MH services in all Imperial Calcasieu Human Services Authority Behavioral Health Clinics.

LaPAS PI Code: 25265

1. Type and Level: Output/Key Performance Indicator

2. Rationale: This indicator has been selected so Imcal HSA can track how many clients are receiving MH services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

6. Data Source, Collection and Reporting: The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the BH Electronic Health Record which indicates persons served who receive a MH service.

8. Scope: All children / adolescents who carry a diagnosis of a mental health disorder and are served within the ImCal HSA BH Clinics.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Percentage of MH cash subsidy slots utilized.

LaPAS PI Code: 25268

1. Type and Level: Efficiency/ Key Performance Indicator.

2. Rationale: This indicator has been selected so that ImCal HSA can monitor the level of utilization of this service. It is a valid measure of performance targeted in this objective.

3. Use: The indicator will be used in the management decision making to demonstrate if this program is being utilized at its capacity. This indicator will be used only for internal management.

4. Clarity: The indicator name is clearly identified of what is being measured. The acronym MH stands for Mental Health.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be monitored closely to verify what slots are available.

6. Data Source, Collection and Reporting: This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

7. Calculation Methodology: A sum of all slots that are being utilized divided the total number of slots. This will be helpful so that we know how much in percent terms is this service being utilized.

8. Scope: All individuals who receive MH cash subsidy funding.

9. Caveats: This indicator does not have limitations, weakness or bias.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Number of individuals served by outpatient Addictive Disorders in Imperial Calcasieu Human Services Authority.

LaPAS PI Code: 25282

1. Type and Level: Output/General Performance Indicator

2. Rationale: This indicator has been selected so Imcal HSA can track how many clients are receiving AD outpatient services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym AD stands for Addictive Disorders.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

6. Data Source, Collection and Reporting: The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the BH Electronic Health Record which indicates persons served who receive an AD service.

8. Scope: All adults, children and adolescents who carry a diagnosis of an addictive disorder and are served within the ImCal HSA BH Clinics.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Number of individuals served by inpatient Addictive Disorders in Imperial Calcasieu Human Services Authority.

LaPAS PI Code: 25281

1. Type and Level: Output/General Performance Indicator

2. Rationale: This indicator has been selected so Imcal HSA can track how many clients are receiving AD inpatient services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym AD stands for Addictive Disorders.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the contractor's Electronic Health Record and collected from the monthly invoices submitted by the contractor.

6. Data Source, Collection and Reporting: The contractor's Electronic Health Record will be utilized to keep track of numbers of persons served with the inpatient AD program. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the contractor's Electronic Health Records which indicate persons served who receive an AD inpatient service.

8. Scope: All adults who carry a diagnosis of an addictive disorder and are served within the contracted medically supported detox and inpatient AD facility.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health records.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Percentage of successful completions with 24-hour Addiction Residential programs.

LaPAS PI Code: 25269

1. Type and Level: Outcome/Key Performance Indicator

2. Rationale: This indicator has been selected so Imcal HSA can track how many clients are successfully completing AD residential services. This will ensure that ImCal HSA is funding effective programs to serve the community.

3. Use: This indicator will be used in internal management decision making. It will be utilized to track outcome measures and monitor the contracted residential programs.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification. The acronym AD stands for Addictive Disorders.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the contractor's Electronic Health Record and collected from the monthly invoices submitted by the contractor.

6. Data Source, Collection and Reporting: The contractor's Electronic Health Record will be utilized to keep track of numbers of successful completions. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the contractor's Electronic Health Records which indicate persons served who successfully complete AD inpatient treatment.

8. Scope: All adults who carry a diagnosis of an addictive disorder and are served within the contracted medically supported detox and inpatient AD facility, and residential men's halfway house.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health records.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Behavioral Health

OBJECTIVE: To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the Authority target population, including inpatient services, with client satisfaction feedback that meets threshold.

INDICATOR NAME: Number of enrollees in prevention programs.

LaPAS PI Code: 25283

1. Type and Level: Output/ General Performance Indicator

2. Rationale: This will allow ImCal HSA to track how many children and adolescents are participating in the prevention programs. This is a valid measure of performance and a clear indication of how to gauge the utilization of the program.

3. Use: This indicator will be used in management decision making so ImCal HSA can assess the utilization of the program.

4. Clarity: This indicator clearly identifies what is being measured and does not need any clarification.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a quarterly/annual basis on the number of enrollees.

6. Data Source, Collection and Reporting: The number of prevention enrollees are tracked within the Prevention Management Information System (PMIS). This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: The total count of enrollees.

8. Scope: All individuals who are enrolled in prevention programs.

9. Caveats: This indicator does not have limitations or weaknesses.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Developmental Disabilities

OBJECTIVE: Provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community services.

INDICATOR NAME: Number of persons receiving DD services per year.

LaPAS PI Code: 25278

1. Type and Level: Output/ Key Performance Indicator.

2. Rationale: The rationale for the indicator so that ImCal HSA can measure the number of people receiving DD services per year.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: The DD Participant Services Database will be utilized to keep track of numbers of persons receiving DD services. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the Participant Services Database.

8. Scope: All individuals who carry a diagnosis of a developmental disability and are served within the ImCal HSA DD Division.

9. Caveats: This indicator does not have any limitations or weaknesses because it will be collected through the electronic health records.

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Developmental Disabilities

OBJECTIVE: Provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community services.

INDICATOR NAME: Number of people receiving individual and family support services.

LaPAS PI Code: 25275

1. Type and Level: Output/ Key Performance Indicator.

2. Rationale: The rationale for the indicator so that ImCal HSA can measure the number of people receiving state funded DD individual and family support services per year.

3. Use: This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

4. Clarity: The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: The DD Participant Services Database will be utilized to keep track of numbers of persons receiving individual and family support services. In addition, internal spreadsheets are maintained to track types of services provided and priority numbers. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the Participant Services Database.

8. Scope: All individuals who carry a diagnosis of a developmental disability and receive individual and family support services.

9. Caveats: This indicator does not have any limitations or weaknesses. .

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Developmental Disabilities

OBJECTIVE: Provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community services.

INDICATOR NAME: Number of people receiving flexible family funds.

LaPAS PI Code: 25276

1. Type and Level: Output/ Key Performance Indicator.

2. Rationale: The rationale for the indicator so that ImCal HSA can measure the number of people receiving state funded DD flexible family funds per year.

3. Use: The indicator will be used in the management decision making to demonstrate if this program is being utilized at its capacity. This indicator will be used only for internal management.

4. Clarity: The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: The DD Participant Services Database will be utilized to keep track of numbers of persons receiving flexible family funds. In addition, internal spreadsheets are maintained to track types of services provided. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the Participant Services Database.

8. Scope: All individuals who carry a diagnosis of a developmental disability and receive flexible family funds.

9. Caveats: This indicator does not have any limitations or weaknesses. .

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

Performance Indicator Documentation Sheet

PROGRAM: Imperial Calcasieu Human Services Authority

ACTIVITY: Developmental Disabilities

OBJECTIVE: Provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community services.

INDICATOR NAME: Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.

LaPAS PI Code: 25277

1. Type and Level: Outcome & Efficiency/ Key Performance Indicator.

2. Rationale: The rationale for the indicator so that ImCal HSA can measure the number of people receiving individual and family support services. Eligibility determination processes must be completed correctly and timely as promulgated in Act 378.

3. Use: This indicator will be used in management decision making to determine the effectiveness and efficiency of services. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: The DD Participant Services Database will be utilized to keep track of numbers of persons deemed eligible for receiving flexible family funds. In addition, internal spreadsheets are maintained to track eligibility determinations and their validity. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Data extracted from the Participant Services Database.

8. Scope: All individuals who carry a diagnosis of a developmental disability and deemed eligible for receiving flexible family funds.

9. Caveats: This indicator does not have any limitations or weaknesses. .

10. Responsible Person: The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: sheryl.meek@la.gov.

ACTIVITY A: ADMINISTRATION

Principal Customers/Users of the Program and Benefits:

The Central Louisiana Human Services District (CLHSD) is a political subdivision governed by a Board of Directors, with a funded budget of approximately \$14,500,000. As a local Governing Entity (LGE), the District, under the supervision of the Executive Director contracts with the Louisiana Department of Health to operate behavioral health (mental health and addictive disorders) and developmental disability services for the parishes of Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn.

The beneficiaries of our services are persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families, who live in the CLHSD catchment area.

Potential Internal/External Factors that Could Significantly Affect the Achievement of Goals or Objectives in this Program:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which CLHSD has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.
- District Specific Factors - Among the major factors potentially impacting successful goal achievement are: Insufficient number of providers; Professional shortages in the clinical and medical fields; Client/Member satisfaction; limited funding to meet high consumer needs and the still prevalent stigma toward mental health and addictive disorders, on the part of the general public. Finally, LDH announced a two-phased plan to vacate the current Central Louisiana State Hospital property. LDH reports that construction is to begin on the new hospital with a target completion day of November 2016 and Central vacated 45 days after completion. There are numerous agencies/programs (including CLHSD and CLHSD contractor programs) that reside in

the Central Hospital campus that will need to relocate. These are tentative dates, however, additional cost would be incurred beyond that of relocation, including incidentals such as utilities and rent. This move will significantly impact the entire District and will most likely warrant a revision of the Strategic Plan.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Administration Team.

Program Evaluations Used to Develop Goals, Objectives, and Strategies:

CLHSD strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Senior Management Team.). These strategies, at a minimum, will include:

Training: Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the CLHSD strategic plan.

Input: Gathering input from all level of the agency's functional areas.

Communication: Information channels include Administration, state and contract programs, CLHSD's service recipients, the public and the community.

Coordination: Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

Performance measurement: Formulation of objectives that are Specific, Measurable, Attainable, Results Oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

Evaluation: The Strategic Plan will be revised to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as warranted. Plan revisions will utilize strategies that are pertinent to the task at hand.

The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. CLHSD actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Annual reports such as AMPAR are also incorporated in the Plan's design. Additionally, CLHSD continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

CLHSD monitors services provided in its parishes to ensure they are delivered in an efficient and effective manner, in accordance to established fiscal, clinical and administrative standards. Fiscal constraints are imposed, initially by LDH and ultimately by the CLHSD Board. The principles of cultural competency, staff credentialing and environmental safety are embedded in the organizational matrix. The Corporate Compliance Division is dedicated to ensure adherence to State, Federal and other regulatory standards and conducts as a minimum, quarterly assessments of program performance/services. The Business and Funding Development Division aims to enhance the District resources by establishing community partnerships, identifying existing needs and developing strategies to best minimize gaps in services. As CLHSD assumes its new role, grant procurement and research to ascertain what agencies/corporations offer services at minimum or no cost will take a more prominent role.

Methods Used to Avoid Duplication of Effort:

External Controls:

LDH is working in close partnership with the SMO through the Louisiana Behavioral Health Partnership (LBHP) and stakeholders by conducting regular meetings and conferences to confirm that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals. Areas of LBHP's (both SMO and the District) responsibility and staff roles are clearly delineated and coordinated among the major operational areas: Behavioral Health and Developmental Disabilities.

The Human Services Accountability and Implementation Plan (AIP) was developed in accordance with the provisions of La. R.S. 28:382.2 in conjunction with the Human Service Interagency Council (HSIC) and the Louisiana Department of Health (LDH) to guide the delivery of mental health (MH), addictive disorders (AD) and Developmental Disabilities (DD) services funded by appropriations from state general funds and federal block grant dollars. As part of the AIP, CLHSD and its service sites, are subject to monitoring. The Office of Behavioral Health (OBH) and the Office of Developmental Disabilities are the lead agencies. Monitoring occurs on an annual basis for outcome measures prescribed in the AIP Plan, including record reviews, interviews and corrective plans as warranted.

Internal Controls

CLHSD strives to become a center for both management and program excellence. To this end, we have instituted several stand-alone teams geared toward ensuring implementation of optimum agency standards of performance. The Performance Improvement Committee (PIC) monitors and evaluates the quality and appropriateness of client care, identify acceptable levels of care, and recommends actions to improve care. The PIC is composed of the Senior Management. Recommendations for improvement are incorporated in an Action Plan that is monitored for compliance.

To ensure that all levels of performance conform to quality standards, client rights and administrative policy, the Executive Management Team (EMT) convenes weekly, and to discuss any issues impacting the District's optimum functioning. The Team is formed by senior staff from all disciplines/programmatic areas and it is led by the Executive Director.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

STRATEGIC PLAN 2017-2022

Activity A: Administration

Statutory Authority for Goal: LA R.S. 36:258(E), LA R.S. 28:1-723

Goal 1 The Goal of the Administration activity is to oversee and direct the provision of behavioral health and developmental disabilities services in the District,

Objective 1
Through the Administration activity, CLHSD will insure access to a comprehensive continuum of care that is effective and efficient, as demonstrated by patient's satisfaction survey outcomes and participation in available programs.

Objective 2
To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

Primary Persons Who will Benefit from or Be Significantly Affected by Objectives: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health and developmental challenges seeking services within CLHSD service catchment area.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE 1: Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

INDICATOR NAME: Percentage of Central Louisiana Human Services District (CLHSD) clients who state they would continue to receive services through CLHSD, contracts and clinics, if given the choice to go elsewhere.

LaPAS PI Code: 25284

- 1. Type and Level:** Outcome; K
- 2. Rationale:** Clients' choice to continue services with CLHSD serves as a monitoring tool to ensure clients' critical needs are met. Because of CLHSD's dual role as a provider and monitor of services, CLHSD measures its effectiveness by using satisfaction surveys that capture both the competitive challenge: "Percentage of clients who state they would continue to receive services at CLHSD clinics, if given the choice to go elsewhere" (benchmark) and the internal standard: "Percentage of clients who state they would recommend CLHSD clinics to family and friends" (are client's needs met?).
- 3. Use:** It serves as a measure of Continuous Quality Improvement (CQI) and when applied to the evaluation of services, it could be used as one of the factors in determining programmatic performance.
- 4. Clarity:** Clinics include behavioral health clinics (adults, youth and children).
- 5. Accuracy, Maintenance, Support:** This indicator is measured using a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** District and contract run programs use the C'est Bon Survey for Adults and the LaFete Survey for Children. This indicator is reported quarterly.
- 7. Calculation Methodology:** On-line survey (Telesage Outcomes Measurement System (TOMS). OBH IT staff merges data (Question #32 of the C'est Bon Survey, from the Consumer Survey Report with data from on-line surveys). On-line surveys for Children/Adolescents are submitted by the parents of the clients and outcomes are recorded on Question 23 of the LaFete Survey. **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults and LaFete for Children Surveys **Denominator:** Unduplicated number of persons served who answer the question on the C'est Bon for Adults and LaFete for Children Surveys.
- 8. Scope:** District and Contract programs (Mental Health).

- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator is particularly sensitive to clients' motivational drive and individual traits, e.g., intellectual, mental and personality profile.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La. Telephone: 318-484-2167 Fax: 318- 487-5184 , ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE 1: Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

INDICATOR NAME: Percentage of Central Louisiana Human Services District clients who state they would recommend CHSD programs to family and friends

LaPAS PI Code: 25285

1. Type and Level: Outcome; K
2. Rationale: Clients' choice to recommend CLHSD clinics to family and friends reflects the clients' positive perception of services and enhances community support.
3. Use: Source of information regarding clients' satisfaction and loyalty. It assesses the agency's marketing potential in the community.
4. Clarity: Clinics include behavioral health clinics (adults, youth and children).
5. Accuracy, Maintenance, Support: This indicator is measured using a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has not been audited by the Office of the Legislative Auditor.
6. Data Source, Collection and Reporting: District and contract run programs use the C'est Bon Survey for Adults and the LaFete Survey for Children. This indicator is reported quarterly.
7. Calculation Methodology: Numerator: Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults and LaFete for Children Surveys Denominator: Unduplicated number of persons served who answer the question on the C'est Bon for Adults and LaFete for Children Surveys.
8. Scope: Aggregate of CLHSD operated programs and contracts (adults, youth and children).
9. Caveats: Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator is particularly sensitive to clients' motivational drive and individual traits, e.g., intellectual, mental and personality profile. It is further impacted by family dynamics and relationships.

10. Responsible Person: Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184 , ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE 2: To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

INDICATOR NAME: Percentage of District programs using an Electronic Health Record (EHR) to manage/improve programmatic outcomes (monitor billing and clinical performance).

LaPAS PI Code: New

- 1. Type and Level:** Outcome/Quality, K
- 2. Rationale:** This indicator measures the Agency understanding of current and future technology needs (especially in the area of communication and record keeping) and how these support the organizational goals, priorities and persons served.
- 3. Use:** As a management tool to plan, evaluate and improve operational functioning in the administrative, fiscal and clinical functions of the agency.
- 4. Clarity:** N/A
- 5. Accuracy, Maintenance, Support:** The Electronic Health Record is routinely monitored and updated by administrative and supervisory staff. The CLHSD Compliance Director spearheads quality control activities to ensure the electronic system's accuracy, effectiveness and practical applications.
- 6. Data Source, Collection and Reporting:** CLHSD contracted with an electronic health record company to provide management and resource technology to maintain and ensure the system operation.
- 7. Calculation Methodology:** Total number of district clinics utilizing an Electronic Health Record divided by the total number of clinics.
- 8. Scope:** District-wide.
- 9. Caveats:** Implementation/use of electronic records is at its early stages. We are exploring how to best utilize Electronic Health Record to reduce errors, generate revenue, and increase productivity of providers.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE 2: To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

INDICATOR NAME: Number of district clinics using the TOMS' website to manage satisfaction surveys and programmatic outcomes.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Quality, K
2. **Rationale:** This outcome serves as one important set of measures regarding the quality outcome of program services. Similarly, the satisfaction of our patients is a key indicator of how well we meet their rehabilitation needs and expectations. Use of technology will facilitate ease of administration and reporting results of satisfaction and outcome measure surveys.
3. **Use:** As a management tool to plan, evaluate and improve operational functioning in the clinical programs of the agency.
4. **Clarity:** On-line survey Telesage Outcomes Measurement System (TOMS).
5. **Accuracy, Maintenance, Support:** The website is routinely monitored and updated by administrative and supervisory staff. The CLHSD Compliance Office oversees quality control activities to ensure the electronic system's accuracy, effectiveness and practical applications.
6. **Data Source, Collection and Reporting:** An electronic report is generated showing the survey's outcomes for each participant. Electronic surveys are administered bi-annually. In addition, surveys can be administered face to face. OBH integrates electronic data reports with data collected the face to face.
7. **Calculation Methodology:** Actual number of district clinics utilizing the TOM's website.
8. **Scope:** District-wide.
9. **Caveats:** The TOMS website is not always accessible to participants due to occasional technical difficulties. Therefore, face to face satisfaction surveys are also conducted annually.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE 2: To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

INDICATOR NAME: Number of Tele-medicine sites Districtwide

LaPAS PI Code: New

- 1. Type and Level:** Output/Quality, K
- 2. Rationale:** Telemedicine has been cited as being particularly helpful in rural areas, where the shortage of healthcare providers had led to a lack of accessibility to both basic healthcare and specialty care. Through telemedicine, patients can access healthcare faster, which is a leading factor in improved patient engagement and better outcomes. Telemedicine brings the doctor to the patient; therefore, it reduces barriers related to transportation and accessibility.
- 3. Use:** These technologies permit communications between patient and medical staff with both convenience and fidelity, as well as the transmission of medical, imaging and health information data from one site to another. Recent reviews of the literature by Hilty et al. in 2013, and by Yellowlees et al. in 2015 confirmed that tele-psychiatry is as effective as in-person psychiatric consultations for diagnostic assessment, is at least as good for the treatment of disorders such as depression and post-traumatic stress disorder, and may be better than in-person treatment in some groups of patients, notably children, veterans and individuals with agoraphobia.
- 4. Clarity:** Telemedicine is a two-way real-time interactive communication between a patient and healthcare provider at a distant site, supported by audio and video equipment and integrated medical devices. Advances in IT infrastructure, communication and connected medical devices are enabling clinicians to evaluate, diagnose and treat patients remotely. Tele-psychiatry, another aspect of telemedicine, also utilizes videoconferencing for patients residing in underserved areas to access psychiatric services. It offers wide range of services to the patients and providers, such as consultation between the psychiatrists, educational clinical programs, diagnosis and assessment, medication therapy management, and routine follow-up meetings. It is possible to have more than one (1) site in a clinic/location.
- 5. Accuracy, Maintenance, Support:** Recent reviews of the literature by Hilty et al. in 2013, and by Yellowlees et al. in 2015 confirmed that tele-psychiatry is as effective as in-person psychiatric consultations for diagnostic assessment, is at least as good for the treatment of disorders such as depression and post-traumatic stress disorder, and may be better than in-person treatment in some groups of patients, notably children, veterans and individuals with agoraphobia. Medical prescribers and other

medical staff assess the patient and make necessary notations in the electronic record system. Most tele-psychiatry is undertaken in real time.

- 6. Data Source, Collection and Reporting:** District Clinics. Data is reported quarterly.
- 7. Calculation Methodology:** Actual number of telemedicine sites in the District.
- 8. Scope:** District-wide.
- 9. Caveats:** The cost of telecommunication and data management equipment and of technical training for personnel who will use the system may impact the scope and speediness of implementation. Virtual medical treatment also entails adherence to protected health information (HIPPA). Use of telemedicine technology is vulnerable to systemic technical difficulties that may delay and /or prohibit use for delivery of immediate services.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

ACTIVITY B: BEHAVIORAL HEALTH

Principle Customers/Users of the Program and Benefits:

This program and its related activities is responsible for provision of public behavioral health treatment, support, and prevention services to individuals in the State who experience mental and addictive disorders, including children or adolescents and their families and individuals who are judicially committed to the outpatient program.

The mission of the Behavioral Health Activity is to provide the people we serve with access to comprehensive, integrated, person-family centered system of prevention and treatment services that promote recovery and resilience, have a positive impact on the individual and its community and are culturally and clinically competent and are delivered in partnership with all stakeholders.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:

The Central Louisiana Human Services District (CLHSD) monitors barriers and external factors which adversely impact the agency achieving the goals and objectives of the strategic plan. Among the most important factors are: Serious loss of State General Fund Revenues, limitations of Louisiana State Civil Service System, increasing number of uninsured population, insurance regulations/scarc financial resources limiting access for newer more effective medications, inadequate maintenance of all CLHSD facilities, limited transportation availability, especially in rural areas affecting service access, professional shortages and lack of family involvement, and persistent and strong public stigma regarding mental and addictive disorders.

Program Evaluations Used to Develop Goals, Objectives and Strategies:

CLHSD regularly reviews performance data, and survey data by recipients of service collected through the SMO and directly by CLSHD Performance outcomes posted in LAPAS are reviewed quarterly and an Executive Management Report is submitted to the Executive Director.

LAPAS' outcomes, information from public forums and input from the CLHSD Board, state and contract providers are used in the development/review of the strategic plan. Annual reports such as AMPAR are also incorporated in the Plan's design. The formulation of the CLHSD strategic plan adheres to management strategies endorsed and implemented by the Executive Management Team (Administration, Fiscal, Corporate Compliance (CC), Business & Funding Development (B&FD), Human Resources (HR), Developmental Disabilities (DD) and Information Management (IT). These strategies, at a minimum, will include:

Training: Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the CLHSD strategic plan.

Input: Gathering input from all level of the agency's functional areas.

Communication: Information channels include Administration, state and contract programs, CLHSD's service recipients, the public and the community.

Coordination: Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

Performance measurement: Formulation of objectives that are Specific, Measurable, Attainable, Results Oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

Evaluation: The Strategic Plan will be revised to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as warranted. Plan revisions will utilize strategies that are pertinent to the task at hand.

Methods Used to Avoid Duplication of Effort:

External Controls:

LDH is working in close partnership with the State Management Organization (SMO) through the Louisiana Behavioral Health Partnership (LBHP) and stakeholders by conducting regular meetings and conferences to confirm that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals. Areas of LBHP's (both SMO and the District) responsibility and staff roles are clearly delineated and coordinated among the major operational areas: Behavioral Health and Developmental Disabilities.

The Human Services Accountability and Implementation Plan (AIP) was developed in accordance with the provisions of La. R.S. 28:382.2 in conjunction with the Human Service Interagency Council (HSIC) and the Louisiana Department of Health (LDH) to guide the delivery of mental health (MH), addictive disorders (AD) and Developmental Disabilities (DD) services funded by appropriations from state general funds and federal block grant dollars. As part of the AIP, CLHSD and its service sites are subject to monitoring. The Office of Behavioral Health (OBH) and the Office of Developmental Disabilities are the lead agencies. Monitoring occurs on an annual basis for outcome measures prescribed in the AIP Plan, including record reviews, interviews and corrective plans as warranted.

Internal Controls

CHSD strives to become a center for both management and program excellence. To this end, we have instituted several stand-alone teams gear toward ensuring implementation of optimum agency standards of performance. The Performance Improvement Committee (PIC) monitors and evaluates the quality and appropriateness of client care, identify acceptable levels of care, and recommends actions to improve care. The PIC is composed of the Senior Management Staff. Recommendations for improvement are incorporated in an Action Plan that is monitored for compliance.

To ensure that all levels of performance conform to quality standards, client rights and administrative policy, the Executive Management Team, (EMT) convenes weekly, to discuss any issues impacting the District's optimum functioning. The Team is form by senior staff from all disciplines/programmatic areas and it is led by the Executive Director.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Activity B: Behavioral Health

Program Goal:

Goal 1 The Behavioral Health Activity's goal is to provide behavioral health (Mental Health and Addictive Disorders) treatment services as part of the State's continuum of care (per the Human Services Accountability and Implementation Plan) in Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes.

Statutory Authority for Goal: R.S. 36:258(C) and R.S. 28.1-723

Objective 1

Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking services within CLHSD service catchment area.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Number of adults receiving Mental Health services in all CLHSD Behavioral Health programs.

LaPAS PI Code: 25286

1. **Type and Level:** Output, Efficiency, K
2. **Rationale:** The number of adults served with mental health services in Central Louisiana Human Services District (CLHSD) gives a profile of adults needing services mental health services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness of program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision for mental health in the CLHSD.
4. **Clarity:** DataQuest 2 is an electronic database developed and managed by the Office of Behavioral Health (OBH).
5. **Accuracy, Maintenance, Support:** Program Directors/Program Monitors, at the provider level, review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** District programs use DataQuest 2 and Contract programs use a client log system as data source. If the primary data source (DataQuest 2) is rendered unproductive, a manual count is used as an alternative source.
7. **Calculation Methodology:** Calculation is completed by CLHSD Corporate Compliance staff using the Data Quest 2 on-line system, as follows:
Calculation is done using the following reports/Unduplicated Counts: 1st Q. Calculation= Data Quest2:

Persons served by age grouping/Primary Target Group: MH+ Co-Occurring; 2nd Q. Calculation= 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report/Age Grouping/Age at Admission; 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions; 4th Q. Calculation:: 3rd Quarter total plus 4th Quarter Admissions

8. **Scope:** District and Contract Adult Mental Health programs.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Number of children/adolescent receiving Mental Health services in in all CLHSD Behavioral Health programs.

LaPAS PI Code: 25287

- 1. Type and Level:** Output, Efficiency, K
- 2. Rationale:** The number of children/adolescent served with mental health services in Central Louisiana Human Services District (CLHSD) gives a profile of children/adolescent needing services mental health services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness of program delivery as it applies to the set criteria for the target population.
- 3. Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision for mental health in the CLHSD.
- 4. Clarity:** DataQuest2 is an electronic database developed and managed by the Office of Behavioral Health (OBH).
- 5. Accuracy, Maintenance, Support:** Program monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. This indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting** District programs use DataQuest 2 and Contract programs use a client log system as data source. If the primary data source (DataQuest 2) is rendered unproductive, a manual count is used as an alternative source.
- 7. Calculation Methodology:** Calculation is completed by CLHSD Corporate Compliance staff using the Data Quest 2 on-line system, as follows:

Calculation is done using the following reports/Unduplicated Counts: 1st Q. Calculation= Data Quest2: Persons served by age grouping/Primary Target Group: MH+ Co-Occurring; 2nd Q. Calculation= 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report/Age Grouping/Age at Admission; 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions; 4th Q. Calculation:: 3rd Quarter total plus 4th Quarter Admissions

- 8. Scope:** District and Contract Children/Adolescent Mental Health programs.
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Percentage of adults receiving Mental Health services who report that they would choose to continue to receive services from CLHSD if given a choice to receive services elsewhere.

LaPAS PI Code: 25288

1. **Type and Level:** Outcome, Efficiency, K
2. **Rationale:** Clients' choice to continue services with CLHSD serves as a monitoring tool to ensure clients' critical needs are met. Because of CLHSD's dual role as a provider and monitor of services, CLHSD measures its effectiveness using satisfaction surveys that capture both the competitive challenge (benchmark): "Percentage of clients who state they would continue to receive services at CLHSD clinics if given the choice to go elsewhere" and the internal standard (are client's needs met?): "Percentage of clients who state they would recommend CLHSD clinics to family and friends".
3. **Use:** It serves as a measure of Continuous Quality Improvement (CQI) and when applied to the evaluation of services, it could be used as one of the factors in determining programmatic performance.
4. **Clarity:** Clinics include Behavioral Health Clinics (adults).
5. **Accuracy, Maintenance, Support:** This indicator is measured using a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** District and contract run programs use the C'est Bon Survey for Adults. This indicator is reported quarterly.
7. **Calculation Methodology:** On-line survey (Telesage Outcomes Measurement System). OBH IT staff merges data (Question #32 of the C'est Bon Survey, from the Consumer Survey Report with data from

on-line surveys. **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults. **Denominator:** Unduplicated number of persons served who answer the question on the C'est Bon for Adults Survey. Indicator is reported quarterly.

8. **Scope:** District and Contract programs (CLHSD Mental Health).
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Client's satisfaction survey not only measures program performance but it is impacted by the individual's motivation, severity of illness, age, cultural and intellectual profile.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Percentage of Mental Health clients who indicated they would recommend CLHSD services to others.

LaPAS PI Code: 25289

1. **Type and Level:** Outcome, Efficiency, K
2. **Rationale:** Clients' choice to continue services with CLHSD serves as a monitoring tool to ensure clients' critical needs are met. Because of CLHSD's dual role as a provider and monitor of services, CLHSD measures its effectiveness using satisfaction surveys that capture both the competitive challenge (benchmark): "Percentage of clients who state they would continue to receive services at CLHSD clinics if given the choice to go elsewhere" and the internal standard (are client's needs met?): "Percentage of clients who state they would recommend CLHSD clinics to family and friends".
3. **Use:** It serves as a measure of Continuous Quality Improvement (CQI) and when applied to the evaluation of services, it could be used as one of the factors in determining programmatic performance.
4. **Clarity:** Clinics include Behavioral Health Clinics (adults, youth and children).
5. **Accuracy, Maintenance, Support:** This indicator is measured using a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** District and contract run programs use the C'est Bon Satisfaction Survey for Adults and the LaFete Survey for Children. This indicator is reported quarterly.
7. **Calculation Methodology:** On-line survey (Telesage Outcomes Measurement System (TOMS). OBH IT staff merges data (Question #33) of the C'est Bon Survey, from the Consumer Survey Report with data from on-line surveys. On-line surveys for Children/Adolescents are submitted by the parents of the clients and outcomes are recorded on Question 24 of the LaFete Survey. **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults and LaFete for Children Surveys **Denominator:** Unduplicated number of persons served who answer the question on the C'est Bon for Adults and LaFete for Children Surveys. Indicator is reported quarterly.

- 8. Scope:** District and Contract programs (CLHSD Mental Health).
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Client's satisfaction survey not only measures program performance but it is impacted by the individual's motivation, severity of illness, age, cultural and intellectual profile.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Percentage of MH cash subsidy slots utilized

LaPAS PI Code: 25290

1. **Type and Level:** Outcome, Efficiency, K
2. **Rationale:** Children, regardless of the severity of their disability, need family and enduring relationships with adults in a nurturing home environment. The District has engaged in a concerted effort to increase utilization of available slots to provide a cash stipend that will assist in the conservation of the family unit.
3. **Use:** To provide assistance to families (and their children) to offset the cost of keeping children at home.
4. **Clarity:** Cash Subsidy Program provides stipends to families of eligible children with severe and profound disabilities. An amendment dated June 20th, 2007 recognized Human Services District and Human Services Authorities, in addition to State facilities and return management of the waiting list to these agencies. In addition to the mental health program, a parallel program (Flexible Family Fund Services) serves DD clients.
5. **Accuracy, Maintenance, Support:** The child is screened for eligibility by the CLHSD Children Services, annually, for the duration of the cash subsidy. As per 2007 legislation, a universal screening protocol is used for all children with qualifying exceptionalities for severity of functional limitation. The protocol is collected and submitted by CLHSD Children Services Coordinator to the designated CLHSD Fiscal staff.
6. **Data Source:** CLHSD Children Services Section will collect the screening protocols for each eligible participant and submit the number of slots filled/available to the designated CLHSD Fiscal staff. Fiscal staff maintains the waiting list figures based on subsidy checks sent out.
7. **Calculation Methodology:** **Numerator:** Total number of individual contracts/slots filled/used
Denominator: Total number of slots allocated. There are a total of 25.6 slots allocated.
8. **Scope:** CLHSD children who meet eligibility criteria for cash subsidy slots.

- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator is limited by the number of available slots and the qualification criteria.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Percentage of successful completions - AD Program/Primary Inpatient Adult/Primary Inpatient Adolescent

LaPAS PI Code: 5/25293

1. **Type and Level:** Outcome, K
2. **Rationale:** The percent of successful completions is one of the indicators of program effectiveness and includes not only the program itself, but the service delivery, the staff and the individual. It shows the potential for lowering recidivism rate and reintegration of the individual into independent community living.
3. **Use:** It is a programmatic tool for assessing program effectiveness and best practices.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Clinic Managers/Program Monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. These indicators have not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Contractors' maintain an internal client log system and data is entered into Louisiana Accountability Data System (LADDS). Data is reported quarterly.
7. **Calculation Methodology:** Inpatient Programs are calculated using the LADDS Termination Detail Report - Reason for Transfer/Termination. **Numerator:** Sum of Completed Program; Completed Treatment; Client Referred to Next LOC; Client Referred to Next LOC but Rejected by Client; Appropriate Services Not available, and Client Referred Elsewhere, for Inpatient Adolescent/Adults (District and Contract). **Denominator:** Total number of Terminations for all Inpatient Adolescent (District and Contract)/ Total number of Terminations for all Inpatient Adult (District and Contract). **Scope:** District and Contract Adult and Children 24-hour residential programs for Addictive Disorders.

8. **Scope:** District and Contract Adult and Children/Adolescent 24-hour residential programs for Addictive Disorders.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Program completion is affected by the individual's motivation, severity of illness, age, cultural and intellectual profile, as well staff and program performance.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

ACTIVITY C: DEVELOPMENTAL DISABILITIES

Principle Customers/Users of the Program and Benefits:

This program and its related activities is responsible for provision of public behavioral health treatment, support, and prevention services to individuals in the District catchment area who experience developmental disabilities problems.

The mission of the Developmental Disabilities (OCDD) activity is to assess the need for support and services of developmentally disabled clients and to develop individual plans that will meet those needs, including referrals and coordination of appropriate services.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:

The Central Louisiana Human Services District (CLHSD) monitors barriers and external factors which adversely impact the agency achieving the goals and objectives of the strategic plan. Among the most important factors are: Serious loss of State General Fund Revenues, limitations of Louisiana State Civil Service System, increasing number of uninsured population, insurance regulations/scarce financial resources limiting access for newer more effective medications, inadequate maintenance of all CLHSD facilities, limited transportation availability especially in rural areas affecting service access, lack of family involvement, and persistent and strong public stigma regarding developmental disabilities.

Program Evaluations Used to Develop Goals, Objectives and Strategies:

CLHSD regularly reviews performance data, and survey data by recipients of service collected directly by CLHSD Performance outcomes utilizing the Participant Data Base electronic data system and posted in LAPAS are reviewed quarterly and an Executive Management Report is submitted to the Executive Director.

LAPAS' outcomes, information from public forums and input from the CLHSD Board, state and contract providers are used in the development/review of the strategic plan. Annual reports such as AMPAR are also incorporated in the Plan's design. The formulation of the CLHSD strategic plan adheres to management strategies endorsed and implemented by the Executive Management Team (Administration, Fiscal, Corporate Compliance (CC), Business & Funding Development (B&FD), Human Resources (HR), Developmental Disabilities (DD) and Information Management (IT). These strategies, at a minimum, will include:

Training: Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the CLHSD strategic plan.

Input: Gathering input from all level of the agency's functional areas.

Communication: Information channels include Administration, state and contract programs, CLHSD's service recipients, the public and the community.

Coordination: Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

Performance measurement: Formulation of objectives that are Specific, Measurable, Attainable, Results Oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

Evaluation: The Strategic Plan will be revised to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as warranted. Plan revisions will utilize strategies that are pertinent to the task at hand.

Methods Used to Avoid Duplication of Effort:

External Controls:

LDH is working in close partnership with the Human Services Interagency Council (HSIC) and stakeholders by conducting regular meetings and conferences to confirm that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals. Areas of Human Services Interagency Council (HSIC) Accountability and Implementation Plan clearly delineate the responsibility and staff roles among the major operational areas: Behavioral Health and Developmental Disabilities.

The Human Services Accountability and Implementation Plan (AIP) was developed in accordance with the provisions of La. R.S. 28:382.2 in conjunction with the Human Service Interagency Council (HSIC) and the Louisiana Department of Health (LDH) to guide the delivery of mental health (MH), addictive disorders (AD) and Developmental Disabilities (DD) services funded by appropriations from state general funds and federal block grant dollars. As part of the AIP, CLHSD and its service sites are subject to monitoring. The Office of Behavioral Health (OBH) and the Office of Developmental Disabilities are the lead agencies. Monitoring occurs on an annual basis for outcome measures prescribed in the AIP Plan, including record reviews, interviews and corrective plans as warranted.

Internal Controls

CHSD strives to become a center for both management and program excellence. To this end, we have instituted several stand-alone teams gear toward ensuring implementation of optimum agency standards of performance. The Performance Improvement Committee (PIC) monitors and evaluates the quality and appropriateness of client care, identify acceptable levels of care, and recommends actions to improve care. The PIC is composed of the Senior Management Staff. Recommendations for improvement are incorporated in an Action Plan that is monitored for compliance.

To ensure that all levels of performance conform to quality standards, client rights and administrative policy, the Executive Management Team, (EMT) convenes weekly, to discuss any issues impacting the District's optimum functioning. The Team is form by senior staff from all disciplines/programmatic areas and it is led by the Executive Director.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Activity C: Developmental Disabilities

Program Goal: OCDD goal is to provide access to appropriate, comprehensive community based supports through waivers, family support and flexible family fund programs for individuals with disabilities, their families and/or support system(s) such that they will be able to be maintained within their communities.

Statutory Authority for Goal: R.S. 36:258(C) and R.S. 28.1-723

Objective 1 Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with developmental disabilities challenges seeking services within CLHSD service catchment area.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY C: Developmental Disabilities (DD)

OBJECTIVE 1: Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

INDICATOR NAME: Number of persons receiving individual and family support services

LaPAS PI Code: 25294

- 1. Type and Level:** Output; Efficiency; K
- 2. Rationale:** The number of people receiving individual and family services in the CLHSD reflects the scope of the service delivery system in the community specific to developmentally disabled clients.
- 3. Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
- 4. Clarity:** Act 378 and Act 1011 (R.S. 28:821 et seq.) allows for assistance in areas facilitating clients' independent functioning in community settings. Family support services include but it not limited to funding assistance with purchasing wheelchairs, other medical equipment, and respite services. The Office of Citizens with Developmental Disabilities (OCDD) Integrated Data System includes a Participant Data Base (web-based) application. OCDD system collects, maintains and reports information and data from the programs it manages.
- 5. Accuracy, Maintenance, Support:** Participant data base: LAWRRISS is a statewide web- based data source. This indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** Uses Participant Data Base. Data is reported quarterly.
- 7. Calculation Methodology:** Actual number reported.
- 8. Scope:** DD clients in the CLHSD receiving individual and family support services.
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Services are provided based on clients' need. Therefore, outcome is contingent upon clients' need profile at any given point and it would fluctuate.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY C: Developmental Disability (DD)

OBJECTIVE 1: Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

INDICATOR NAME: Number of people receiving flexible family fund (FFF) services

LaPAS PI Code: 25295

- 1. Type and Level:** Output: Efficiency; K
- 2. Rationale:** The number of people receiving Flexible Family Fund services in the CLHSD reflects the scope of the service delivery system in the community specific to developmentally disabled clients.
- 3. Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
- 4. Clarity:** Flexible Family Funds is otherwise referred to as the OCDD Cash subsidy provided by Act 378 Act 1011 (R.S. 28:821 et seq.). The Office of Citizens with Developmental Disabilities (OCDD) Integrated Data System includes a Participant Data Base (web-based) application. OCDD system collects, maintains and reports information and data from the programs it manages.
- 5. Accuracy, Maintenance, Support:** Participant Data Base is a standardized data source. This indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** Uses Participant Data Base. Data is reported quarterly.
- 7. Calculation Methodology:** Actual number reported.
- 8. Scope:** Aggregate number of DD clients in the CLHSD receiving Flexible Family Funds.
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Performance is impacted by the number of applicants for the flexible family fund slots and by the requirements established to meet the disability criteria.
- 10. Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY C: Developmental Disability (DD)

OBJECTIVE 1: Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

INDICATOR NAME: Percentage of eligibility determinations determined to be valid according to the Flexible Family Fund provisions

LaPAS PI Code: 25296

- 1. Type and Level:** Outcome; Efficiency; K
- 2. Rationale:** The percentage of valid eligibility determinations in the CLHSD measures program effectiveness and scope of services, as it applies to the set criteria for the target population.
- 3. Use:** It is used for budget and resource management. Eligibility determination for the Flexible Family Funds slots ensures that funds are used according to the Flexible Family fund promulgation.
- 4. Clarity:** Flexible Family Funds is otherwise referred to as the Office for Citizens with Developmental Disabilities (OCDD) Cash subsidy provided by legislative act: Act 378 and Act 1011 (R.S. 28:821 et seq.). Valid eligibility determination refers to the process of Evaluation and re-evaluation of an individual's needs and information, to assess continued conformance to the eligibility criteria to receive the Flexible Family Funds.
- 5. Accuracy, Maintenance, Support:** Program Monitors review data outcomes from the Participant Data Base and compare results with an internal tracking document maintained by program staff to assure accuracy. This indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** Uses Participant Data Base. Because of data collection idiosyncrasies data is best reported in the 4th Quarter.
- 7. Calculation Methodology:** Initial and Annual redetermination of eligibility (current capacity: 102 slots) is conducted using the Universal Screening Tool (developed by the Office of Developmental Disabilities [OCDD] Central Office). The tool used to determine severity of functional limitation for all applicants for the Flexible Family Fund for children with developmental disabilities. **Numerator:** Number of clients who continue to meet eligibility criteria. **Denominator:** Total number of initial determinations and annual redeterminations conducted for the allowable 102 slots, using the Universal Screening Tool.
- 8. Scope:** Children and youth (0-18 years old) meeting DD eligibility criteria within the Central Louisiana Human Services District.

9. Caveats: Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Performance is impacted by the number of applicants for the flexible family fund slots and by the requirements established to meet the disability criteria.

10. Responsible Person: Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY C: Developmental Disabilities (DD)

OBJECTIVE 1: Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

INDICATOR NAME: Number of individuals certified for waiver services

LaPAS PI Code: 25863

1. **Type and Level:** Output /K
2. **Rationale:** The number of individual certified for waiver services in the Central Louisiana Human Services District (CLHSD) is one indicator of the scope and the need for services, as reflected in the application criteria.
3. **Use:** Serves to determine the scope/quantity of service need for budgeting and collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters.
4. **Clarity:** The Developmental Disabilities (DD) section is responsible for certifying individuals for the Waivers Services and for monitoring and oversight of services. Each waiver has its own service provisions (some of the waivers offer may offer some of the same services, for example respite services are offered in all 4 of the Waiver Programs. The number of people certified will have access to waiver services.
5. **Accuracy, Maintenance, Support:** There are two (2) levels of monitoring. The District DD office conducts initial and annual determinations and the Private Support Coordination agency provides ongoing, monthly monitoring to ensure compliance with program guidelines. The Waiver supervisor insures the integrity of data reported by verifying the data reported in Louisiana Waiver Registry and Recipient Information System (LAWRRIS), utilizing a hand count method.
6. **Data Source, Collection and Reporting:** Participant data base.
7. **Calculation Methodology:** Actual numbers reported and verified by the Waiver supervisor.
8. **Scope:** All persons who are eligible for participation in the Developmental Disability service delivery system.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This outcome is contingent upon clients' need and funding availability.

10. Responsible Person: Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE: Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

INDICATOR NAME: Total number of individuals served in the Central Louisiana Human Services District.

LaPAS PI Code: 25298

1. **Type and Level:** Outcome, GPI
2. **Rationale:** The number of individuals receiving behavioral health services in the CLHSD indicates the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
4. **Clarity:** Behavioral health services include mental health and addictive disorders. Prevention services are under the umbrella of addictive disorder services. Developmental Disabilities includes Individual and Family Support Services, Flexible Family Fund Services and Waiver services.
5. **Accuracy, Maintenance, Support:** Program Directors/Program Monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff monitors the accuracy of data at the District level. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Behavioral Health District programs use DataQuest 2. If the primary data source (DataQuest 2) is rendered unproductive, a manual count is used as an alternative source. Contracted programs use an internal data collection system to calculate people served. Developmental Disabilities services utilize electronic data systems including Participant Data Base, LAWRRISS, and hand counts to collect data. The Prevention program uses the Prevention Management Information System (PMIS).
7. **Calculation Methodology:** Aggregate of all behavioral health (District and contract programs) and Developmental Disabilities. Actual number reported.
8. **Scope:** Behavioral health (mental health and addictive disorders), District and contract programs and Developmental Disabilities.

9. Caveats: Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. Responsible Person: Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY A: Administration

OBJECTIVE 1: Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

INDICATOR NAME: Percentage of Behavioral Health Clinics that are in compliance with State standards of care.

LaPAS PI Code: 25864

1. **Type and Level:** Outcome/Quality, GPI
2. **Rationale:** Licensing certification provides an assurance of quality. Programs that obtain and maintain their Licensing certification are deemed to be qualified to provide services for the area of certification.
3. **Use:** This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the Central Louisiana Human Services District (CLHSD) for Caring Choices Clinics (CC) – Outpatient. This is an objective measure, from an independent source and it provides a programmatic overview of performance.
4. **Clarity:** Behavioral Health Clinics include all Caring Choices Clinics (CC) - Outpatient Mental Health and Addictive Disorders Clinics/Programs in the (CLHSD). Each clinic should undergo a licensing review once a year.
5. **Accuracy, Maintenance, Support:** Compliance with licensure certification standards is managed by the individual providers/clinic managers and the CLHSD. The regulatory Authority is the Louisiana Louisiana Department of Health (LDH), Bureau of Health Standards (BHS).
6. **Data Source, Collection and Reporting:** LDH, BHS requires annual license renewal and conducts these reviews per an annual schedule in accordance with each clinic/program's license expiration date. Each clinic/program should undergo a licensing review once a year. In order to continue providing services, all clinics should maintain a positive licensing status. This indicator is reported on an annual basis.
7. **Calculation Methodology: Numerator:** Number of CC - Outpatient Mental Health and Addictive Disorders Clinics/Programs in the CLHSD that are currently licensed and are in good standing with the LDH, Bureau of Health Standards. **Denominator:** Number of CC - Outpatient Mental Health and Addictive Disorders Clinics/Programs in the CLHSD required to be licensed by the LDH Bureau of Health Standards.
8. **Scope:** Caring Choices (CC) - Outpatient Mental Health and Addictive Disorders Clinics/Programs in the CLHSD.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Adherence to standards is impacted by budgetary, manpower and geographical constraints.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Total number of individuals served in Outpatient Mental Health/ Outpatient Addictive Disorders programs in the Central Louisiana Human Services District (CLHSD)

LaPAS PI Code: 25299/25301

1. **Type and Level:** Output, Efficiency, GPI
2. **Rationale:** The number of individuals served in Outpatient Mental Health /Addictive Disorders programs in the Central Louisiana Human Services District (CLHSD) gives profile of adults/adolescent and children with mental health/addictive disorders needing outpatient services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the CLHSD.
4. **Clarity:** DataQuest 2 is an electronic database developed and managed by the Office of Behavioral Health (OBH).
5. **Accuracy, Maintenance, Support:** Program monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. These indicators have not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** District programs use DataQuest 2 and Contract programs use a client log system as data source. If the primary data source (DataQuest 2) is rendered unproductive, a manual count is used as an alternative source. Contract programs are in the process of implementing their own electronic data system.
7. **Calculation Methodology:** Calculation is done using the following reports: For District Programs: DataQuest 2 unduplicated count of Persons Served: Adults (18 years and older) 1st Q. Calculation= Data Quest2: Persons served by age grouping/Primary Target Group: Mental Health/ Addictive Disorders+

Co-Occurring; 2nd Q. Calculation= 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report/Age Grouping/Age at Admission. 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions. 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions. For Contractors Programs: Actual number reported by contractors. The District and Contractors figures are added to obtain the total number served. Due to recent DataQuest2 technical difficulties, a hand count is used as an alternative data source. Each calculation is applied to the particular program to be measured.

8. **Scope:** Mental Health and Addictive Disorders, Adult and Adolescent/Children, state and contract programs.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This outcome is contingent upon clients' need and funding availability.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Total number of individuals served by Inpatient Addictive Disorders programs in the Central Louisiana Human Services District (CLHSD)

LaPAS PI Code: 25300

1. **Type and Level:** Output, Efficiency, GPI
2. **Rationale:** The number of individuals served in Inpatient Addictive Disorders programs in the Central Louisiana Human Services District (CLHSD) gives profile of adults/adolescent and children with addictive disorders needing inpatient services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the CLHSD.
4. **Clarity:** The Louisiana Addictive Disorders Data System (LADDS) is an electronic database developed and managed by the Office of Behavioral Health (OBH).
5. **Accuracy, Maintenance, and Support:** Program monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. These indicators have not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Inpatient District Contracted programs use LADDS with additional in house data collection system as a data source. Data is reported quarterly.
7. **Calculation Methodology:** DataQuest 2 unduplicated count of Persons Served: Adults (18 years and older) 1st Q. Calculation= Actual data reported by clinics; 2nd Q. Calculation= 1st Q. total # of persons served plus admissions for the 2nd Quarter. 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions. 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions

8. **Scope:** Inpatient Addictive Disorders, Adult and Adolescent/Children, state and contract programs.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY B: Behavioral Health

OBJECTIVE 1: Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

INDICATOR NAME: Total number of enrollees in Prevention programs

LaPAS PI Code: 25302

1. **Type and Level:** Outcome, GPI
2. **Rationale:** Serves to determine the quantity of service recipients for budgeting and collection purposes. It is a measure of market penetration and indicates areas of needs as it correlates with geographical service areas. It is use to monitor the need/demand for prevention services.
3. **Use:** To monitor program's need and performance.
4. **Clarity:** It reflects only primary prevention programs enrollment. The Prevention Management Information System (PMIS) is a web based application created by the Prevention Section of the Office of Behavioral Health. Primary prevention involves preventing risk factors for addictive disorders.
5. **Accuracy, Maintenance, Support:** Prevention Program Specialist monitors the accuracy of numbers generated by Prevention Management Information System. This website is closely monitored and updated on an ongoing basis. This has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Enrollee (On-going services) records are maintained by primary prevention programs. Participant (One-time service) demographics are maintained by primary prevention programs. Collection is daily, weekly, and/or monthly and reporting is quarterly, semi-annual and annual. Data related to on-going services is best reported in the 4th quarter of the fiscal year.
7. **Calculation Methodology:** Aggregate of the number of individuals enrolled in primary prevention programs in Central Louisiana Human Services District (CLHSD) Behavioral Health Clinics and contracted programs.
8. **Scope:** Individuals enrolled in primary prevention programs in Central Louisiana Human Services District (CLHSD) Behavioral Health Clinics and contracted programs.

9. Caveats: This reflects a seasonal productivity therefore; quarterly figures may have low validity. Annual performance should be considered when assessing this indicator. Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. Responsible Person: Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401 Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 09-376 Central Louisiana Human Services District

ACTIVITY C: Developmental Disability (DD)

OBJECTIVE 2: Each year through June 30, 2019, CLHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through CLHSD. (This objective is combined with Objective 1).

INDICATOR NAME: Number of persons receiving Developmental Disabilities services per year

LaPAS PI Code: 25297

- 1. Type and Level:** Output, GPI
- 2. Rationale:** The number of persons receiving DD services in the CLHSD indicates the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
- 3. Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
- 4. Clarity:** This indicator reflects the Agency's goal to assist client's achievement of independent living in community settings. Funding assistance includes but is not limited to purchasing of in-home services such as personal care, personal care supplies, respite services, wheelchairs and or other medical equipment. Although the name is slightly different, this indicator (calculation, reporting and scope) is identical with the Number of persons receiving DD services per year.
- 5. Accuracy, Maintenance, Support:** The DD Program Monitor reviews data quarterly to ensure completeness and accuracy. The Participant Data Base and the LAWRISS data system are web based applications. This indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** Data source is the Louisiana Waiver Registry and Recipient Information System (LAWRRIS), a statewide electronic data system. Data is collected and reported quarterly.
- 7. Calculation Methodology:** Actual number reported.
- 8. Scope:** Aggregate of number DD clients in the CLHSD receiving Flexible Family Funds, Individual Family Support Services and Waiver Services.
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This outcome is contingent upon clients' need and funding availability.

10. Responsible Person: Ingrid Cannella, LPC, LMFT, District Corporate Compliance Officer 401
Rainbow Dr. Pineville, La Telephone: 318-484-2167 Fax: 318- 487-5184, ingrid.cannella@la.gov

Statutory Authority for Program/Goals:

The Northwest Louisiana Human Services District was created by Act 373 in the 2008 Legislative Session.

Principle Customers/Users of the Program and Benefits: Persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families residing in the parishes served by Northwest Louisiana Human Services District: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster.

External factors with potential negative impact on achieving goals and objectives include:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which Northwest Louisiana Human Services District has no control. These changes may include but are not limited to:

- **Funding levels** –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- **Changes in the state health care system** - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- **Potential changes in the federal health care arena** as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- **Changes in the economy of the state** – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- **Changes in the population** – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- **Competition** from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Senior Leadership Team.

Internal Factors that May Affect the Achievement of Goals and Objectives:

The ability for Northwest Louisiana Human Services District to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- **Funding levels** –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.

- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.

Program Evaluations Used to Develop Goals, Objectives, and Strategies:

The Northwest Louisiana Human Services District strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the District's Philosophy as set forth by its Senior Leadership Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. Northwest Louisiana Human Services District actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, Northwest Louisiana Human Services District continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort:

Northwest Louisiana Human Services District shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within Northwest Louisiana Human Services District. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the Northwest Louisiana Human Services District Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of Northwest Louisiana Human Services District clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI Code: 25303

1. Type and Level: The type of indicator is Outcome. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northwest Louisiana Human Services District can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with Northwest Louisiana Human Services District even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes so Northwest Louisiana Human Services District can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: The indicator name clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

7. Calculation Methodology: Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percent value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of what type of services are needed or which ones should be continued.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinics.

10. Responsible Person: The responsible person for collecting these will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of Northwest Louisiana Human Services District clients who state they would recommend the clinics to family and friends.

LaPAS PI Code: 25304

1. Type and Level: The type of indicator is Quality. The level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northwest Louisiana Human Services District can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with Northwest Louisiana Human Services District even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes because Northwest Louisiana Human Services District can utilize our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.

4. Clarity: The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

7. Calculation Methodology: Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percent value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of what type of services are needed or which ones should be continued.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients feel about our clinics.

10. Responsible Person: The responsible person for collecting these will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of individuals served in Northwest Louisiana Human Services District.

LaPAS PI Code: 25317

1. Type and Level: This type of indicator will be output and the level will be General Performance Information.

2. Rationale: This indicator has been selected because Northwest Louisiana Human Services District needs to know how many clients we are serving. This will assist the agency with any staffing concerns and will assist in making sure that Northwest Louisiana Human Services District is growing with their population.

3. Use: This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes because Northwest Louisiana Human Services District will need to manage time and staff in order to meet the needs of the population we serve.

4. Clarity: The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Records will also be utilized to keep a running total of clients we serve.

6. Data Source, Collection and Reporting: As charts are opened, a numbering system is attached. Northwest Louisiana Human Services District will use its Electronic Health Record to keep a running total of clients that staff are seeing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be accurate because it is just a total count of the number of clients that are seen from the number of charts and staff client totals in our Electronic Health Record.

8. Scope: This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: This indicator does not have any limitations because we will track all clients who come in to seek services.

10. Responsible Person: The responsible person for this indicator will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of enrollees in prevention programs

LaPAS PI Code: 25321

- 1. Type and Level:** This is an output indicator and the level is General Performance Information.
- 2. Rationale:** This will allow Northwest Louisiana Human Services District to view how many adolescents are participating in the prevention programs. This is a valid measure of performance because the number of enrollees can be a clear indication of how to gauge the effectiveness of the program.
- 3. Use:** This indicator will be used in management decision making so we can assess the effectiveness of the program.
- 4. Clarity:** This indicator clearly identifies what is being measured and does not need any clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a monthly basis on the number of enrollees.
- 6. Data Source, Collection and Reporting:** Each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well. Their reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily.
- 7. Calculation Methodology:** The total count of enrollees.
- 8. Scope:** This indicator is the sum of smaller parts and because we collect information on a monthly/quarterly basis we can easily see how well each program is doing.
- 9. Caveats:** This indicator does not have limitations or weaknesses.
- 10. Responsible Person:** The responsible person for collecting this information is our prevention staff member. Each prevention program has someone who collects the information and submits it to the prevention staff member or the contract monitor.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of adults receiving mental health (MH) services in all Northwest Louisiana Human Services District Behavioral Health clinics.

LaPAS PI Code: 25305

- 1. Type and Level:** This type of indicator will be output and the level is Key Performance Indicator.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northwest Louisiana Human Services District manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data includes client records. As charts are opened, a numbering system is attached. Our Electronic Medical Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Northwest Louisiana Human Services District will use its Electronic Health Record to keep a running total of clients that staff are seeing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because it is just a total count of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in to seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of children/adolescents receiving MH services in all Northwest Louisiana Human Services District Behavioral Health clinics

LaPAS PI Code: 25306

- 1. Type and Level:** This type of indicator is output and the level is Key Performance Indicator.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northwest Louisiana Human Services District manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of adults receiving MH services who report that they would choose services in this agency if given a choice to receive services elsewhere

LaPAS PI Code: 25307

1. Type and Level: The type of indicator is Quality and the level is Key Performance Indicator.

2. Rationale: This indicator was selected so Northwest Louisiana Human Services District can assess how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with our agency even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes so that Northwest Louisiana Human Services District can gauge our client's well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings.

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

7. Calculation Methodology: Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of what type of services that will be needed or continued.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of our clinics so we gauge the level of satisfaction of our clients towards our clinics.

10. Responsible Person: The responsible person for collecting these will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of MH clients who would recommend services in this agency to others

LaPAS PI Code: 25308

1. Type and Level: The type of indicator is Quality and the level is Key Performance Indicator.

2. Rationale: This indicator was selected so that Northwest Louisiana Human Services District can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with our agency even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

3. Use: This indicator will be used in management decision making and other agency processes because Northwest Louisiana Human Services District can gauge our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.

4. Clarity: The indicator clearly identifies what is being measured.

5. Accuracy, Maintenance, Support: No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings

6. Data Source, Collection and Reporting: The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

7. Calculation Methodology: Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percentage value.

8. Scope: This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of the type of services which are needed and what ones to continue.

9. Caveats: This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can gauge how our clients feel about our clinics.

10. Responsible Person: The responsible person for collecting these will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of MH cash subsidy slots utilized

LaPAS PI Code: 25309

- 1. Type and Level:** The type of indicator is Efficiency and the level is Key Performance Indicator.
- 2. Rationale:** This indicator is selected so that Northwest Louisiana Human Services District can gauge the level of utilization in this service. It is a valid measure of performance targeted in this objective.
- 3. Use:** The indicator will be used in the management decision making to show if this program is being utilized at its capacity. This indicator will be used only for internal management.
- 4. Clarity:** The indicator name is clearly identified of what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be monitored closely to verify what slots are available.
- 6. Data Source, Collection and Reporting:** This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.
- 7. Calculation Methodology:** The number of cash subsidy slots being utilized is divided by the number of cash subsidy slots available and multiplied by 100 to gain a percent value. This will be helpful so that we know how much in percent terms this service being utilized.
- 8. Scope:** This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.
- 9. Caveats:** This indicator does not have limitations, weakness or bias.
- 10. Responsible Person:** This responsible person who collects the data is our Contract Monitor at our District office.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of individuals served by outpatient mental health in Northwest Louisiana Human Services District

LaPAS PI Code: 25318

- 1. Type and Level:** This type of indicator is Output and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients the agency is serving. This can assist us with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northwest Louisiana Human Services District manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because as we will just add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in to seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of individuals served by inpatient Addictive Disorders (AD) in Northwest Louisiana Human Services District

LaPAS PI Code: 25319

- 1. Type and Level:** This type of indicator is output and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients the agency is serving. This can assist us with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will we. This indicator will be used for management purposes so that Northwest Louisiana Human Services District will be able to better manage time and staff to meet the needs of our population.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because it is just a count of the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in for services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Total number of individuals served by outpatient Addictive Disorders (AD) in Northwest Louisiana Human Services District

LaPAS PI Code: 25320

- 1. Type and Level:** This type of indicator is output and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients the agency is serving. This can assist us with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will we. This indicator will be used for management purposes so that Northwest Louisiana Human Services District will be able to better manage time and staff to meet the needs of our population.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because it is just a count of the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in for services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of successful completions (24-hour residential programs) - AD Program

LaPAS PI Code: 25310

1. Type and Level: The type of indicator is Outcome and the level Key Performance Indicator.

2. Rationale: The rationale for the indicator is to gauge how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see if clients are getting better and completing our programs.

3. Use: This indicator will be used in management decision making so that we will be able to see if our programs are working the way they should. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This program will be used for internal management purposes.

4. Clarity: This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: No. This performance indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: Total number of clients who completed treatment divided by the total number of clients who began treatment and multiplied by 100 to gain a percent value.

8. Scope: This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: This indicator does not have limitations or bias.

10. Responsible Person: The responsible person for collecting the data will be our Contract Monitor at our District office.

Performance Indicator Documentation Sheet

INDICATOR NAME: Primary Inpatient Adult: Percentage of individuals successfully completing the program - AD program

LaPAS PI Code: 25311

1. Type and Level: The type of indicator is Outcome and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This will help us tell our performance story in that we can see that clients are progressing and completing our programs.

3. Use: This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: This indicator will be calculated by gaining a total successful completion rate. The calculation is the total number of clients in treatment divided by the number of clients who completed treatment multiplied by 100 to gain a percent value.

8. Scope: This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: This indicator does not have limitations or bias.

10. Responsible Person: The responsible person for collecting the data will be our Contract Monitor at our District office.

Performance Indicator Documentation Sheet

INDICATOR NAME: Primary Inpatient Adolescent: Percentage of individuals successfully completing the program - AD Program

LaPAS PI Code: 25312

- 1. Type and Level:** The type of indicator is Outcome and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator is to gauge how our clients are successfully completing programs and are advancing in their recovery. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This will help us tell our performance story in that we can see that clients are progressing and completing our programs.
- 3. Use:** This indicator will be used in management decision making so that we will be able to gauge if programs are working the way they should. This program will be used for internal management purposes.
- 4. Clarity:** This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings.
- 6. Data Source, Collection and Reporting:** The source of this data will be client records. These reports will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be calculated by gaining a total successful completion rate. The calculation is the total number of clients who completed the program divided by the total number of clients who began the program and multiplied by 100 to gain a percent value.
- 8. Scope:** This indicator will be the sum of smaller parts. All information will be gathered from all programs.
- 9. Caveats:** This indicator does not have limitations or bias.
- 10. Responsible Person:** The responsible person for collecting the data will be our Contract Monitor at our District office.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of people receiving individual and family support services

LaPAS PI Code: 25313

- 1. Type and Level:** The type of indicator is Output and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving individual and family support services.
- 3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name does clearly identify what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will be used to gather the information.
- 6. Data Source, Collection and Reporting:** The Participant Services Database will be used to gather the information. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.
- 7. Calculation Methodology:** The indicator will be calculated by gathering information from the Participant Services Database. The calculation is a simple count.
- 8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District to see what type of services our clients are receiving.
- 9. Caveats:** This indicator does not have any limitations and does not have a bias.
- 10. Responsible Person:** The person responsible for data collection is the program manager.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of people receiving Flexible Family Fund services

LaPAS PI Code: 25314

- 1. Type and Level:** The type of indicator is Output and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving flexible family funds.
- 3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will be used to gather the information.
- 6. Data Source, Collection and Reporting:** The Participant Services Database will be used to gather the information. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.
- 7. Calculation Methodology:** The indicator will be calculated by gathering information from the Participant Services Database. The calculation is a simple count.
- 8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District to determine what type of services our clients are receiving.
- 9. Caveats:** This indicator does not have any limitations and does not have a bias.
- 10. Responsible Person:** The person responsible for data collection is the program manager.

Performance Indicator Documentation Sheet

INDICATOR NAME: Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation

LaPAS PI Code: 25315

1. Type and Level: The type of indicator is Outcome & Efficiency, and the level is Key Performance Indicator.

2. Rationale: The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving individual and family support services. Eligibility determination processes must be completed correctly and timely as promulgated in Act 378.

3. Use: This indicator will be used in management decision making to determine the effectiveness and efficiency of our services. The indicator will be used for internal management purposes.

4. Clarity: The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: This indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting the data and completing a monthly/quarterly report of the findings.

6. Data Source, Collection and Reporting: The Family Flexible Fund individual case records will be used in gathering the information. The information is gathered monthly/quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: The indicator will be calculated by gathering the information from the Family Flexible Fund individual case records. The calculation is the number of cases where promulgation standard is met divided by total number of cases reviewed and multiplied by 100 to gain a percent value.

8. Scope: This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District to see what type of services our clients are receiving.

9. Caveats: This indicator does not have any limitations and does not have a bias.

10. Responsible Person: The person responsible for data collection is the program manager.

Performance Indicator Documentation Sheet

INDICATOR NAME: Number of persons receiving DD services per year

LaPAS PI Code: 25316

- 1. Type and Level:** The type of indicator is Output and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving DD services per year.
- 3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.
- 6. Data Source, Collection and Reporting:** The Participant Services Database will be used to gather the information. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.
- 7. Calculation Methodology:** The indicator will be calculated by information gathered from information in the Participant Services Database.
- 8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District determine how many clients are receiving developmental disability services.
- 9. Caveats:** This indicator does not have any limitations and does not have a bias.
- 10. Responsible Person:** The person responsible for data collection is the program manager.